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Contents on Colored Page IX.

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The following is the memorial of the profession of St. Louis:

In the death of Dr. John T. Hodgen, the medical profession of St. Louis and of the Mississippi valley mourns the loss of its best man. A man absolutely honest, of a most delicate sense of honor, loyal to the highest conceptions of duty, just and generous to all men, untiring in doing good to all who would permit him to serve them, loving and tender as none could guess until they had personal experience of his goodness; thoughtful and delicate in his manner of serving others, that he might at once render the most effective service and avoid the impression of obligation incurred; wise as they only are wise who make their acquisitions in knowledge a part of their own being; ready and prompt to act in the presence of the most unexpected complications; strong in his own well-grounded convictions; yet ever open to receive new suggestions; a man pre-eminently of actions rather than words, and performing always more than he promised, Dr. Hodgen combined qualities which go to make up the best type of manhood and which won for him a love and respect which grew with knowledge of him and with the accumulated experience of benefits at his hands.

A graduate of the Medical Department of the University of the State of Missouri, he at once became assistant resident physician to the City Hospital, and filled successively positions in his alma matter as a teacher in the fields of anatomy and physiology. Upon the suspension of the college at the beginning of the civil war he was called to the chair of Physiology in the St. Louis Medical College, and was assigned the duties of Dean of the Faculty, an office which he fill up to the day of his death. Later he was appointed to the chair of Anatomy, and was appointed still later to the chair of Surgical Anatomy and Fractures and Dislocations. From his first connection with the college he filled also the position of Professor of Clinical Surgery at the City Hospital.

As an instructor, the influence for good which he exerted upon the minds and in the professional training of the alumni of this school is incalculable; as a member of the Faculty, his persevering and steady advocacy of advance in the direction of more perfect teaching has been a chief agency in making such advance possible.

With the outbreak of the civil war new fields of activity opened before him as advisory surgeon to the Western Sanitary Commission, as Surgeon in charge, of the Fifth Street Hospital, and as Surgeon-General of the State of Missouri.

From the duties of these positions, actively pursued until the close of the war, he emerged as the trained surgeon, destined soon to assume a rank among the first in the land, as was attested

also by his election to the high honor of President of the American Medical Association..

The medical profession of the city of St. Louis, assembled to bear testimony to his qualities of mind and heart, the mere recital of which is his best eulogy, feel that the memory of his life-long service in cultivating science, the duties, the humanities of tht healing art will be the guiding example of the disciples and colleagues who now mourn his untimely death.

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CHAS. W. STEVENS M. D.,
G. BAUMGARTEN, M. D.,
WILLIAM DICKINSON, M. D.,
ELSWORTH F. SMITH, M. D.,
Committee.

ALUMNI OF ST. LOUIS MEDICAL COLLEGE.

The Alumni of the St. Louis Medical College, called together to consider the death of Prof. John T. Hodgen, mournfully make this memorial record.

His brief, painful illness and sudden death have stricken us with an inexpressible sorrow.

He is cut off in the midst of a brilliant and useful career as a successful surgeon and teacher. He was the pride of the school, as his fame was the glory of our profession. We loved him for his goodness and his greatness.

His consistent character charmed us equally with his skill.

Often tried in medical council, he was never found wanting in helpful aid, and no operative emergency ever found him lacking in resources of expedients to the fullest measure of human skill.

His life was a constant lesson to us all of the essentials to professional success, the embodiment of the persevering industry, steady and honest purpose, unostentatious and truthful endeavor.

The cosmopolitan fame he had already won by these virtues at the comparatively early age of fifty-six years, in defiance of many obstacles, had led us to look hopefully to a still more glorious future.

As a laborer in the profession, he was indefatigable and always effective. "Whatever his hand found to do, he did it with his might."

As a teacher he was exceptionally concise, practical and impressive; as a man and a friend he was plain, sincere and true.

In his untimely death, notwithstanding what he has already contributed to surgery, we have met with an irreparable loss, and we share in the common professional and popular sorrow.

The family of the deceased have our profoundest sympathy in the dark hour of their deep affliction, and the Faculty our condolence in their great loss.

☞NOTICE.—The Binder will insert the opposite leaf in its proper place in the June No in lieu of the two pages improperly printed.

CONTENTS.

ORIGINAL CONTRIBUTIONS.

ARTICLE. PAGE.

I. Report of a Case of Hepatitis Resulting in Death. By B. B. KELLY, M. D., of Deadwood, D. T..... 11

II. A Case of Unilateral Cerebral Traumatism in a Child with Hernia Cerebri and Considerable Loss of Brain Substance Resulting in Recovery without Impairment of Intellect. By W. A. MONROE, M. D., of Memphis, Mo..... 17

III. A History of a Case of Rupture of the Uterus during the Eighth Month of Gestation, with a Description of the Post-Mortem. By WALTER B. DORSETT, M. D., of St. Louis..... 21

TRANSLATIONS.

IV. FROM THE FRENCH—EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.—Sudden Death during an Attack of Hepatic Colic.—Examination of the Ear.—Cæsarian Operation Followed by Porro's.—Parasites of Malaria (Impaludisme.)—Absorption of Sequestra.—Experimental Physiology.—Iodoform Crayons..... 24

V. FROM THE ITALLIAN.—Charcot on Spinal Localizations. (Paris, 1878-1880.) Review by the Milan Hospital Gazette. [Translated for the JOURNAL.] From *Il Pisani, Sicilian Gazette*. By JOSEPH WORKMAN, M. D., Toronto, Canada..... 28

VI. FROM THE PORTUGUESE.—Study of the Etiology and Nature of Beriberi. By Dr. A. Pacifico Pereira. Translated from the *Gazeta Medica da Bahia*, for the JOURNAL. By JOSEPH WORKMAN, M. D., Toronto Canada..... 33

PROCEEDINGS OF MEDICAL SOCIETIES.

VII. ST. LOUIS MEDICAL SOCIETY.—Acne Vulgaris. By A. H. OHMANN-DUMESNIL. M. D.—Discussion.—Metal Spray Producers.—Throat Cases.—Congenital Cataract.—Dry Cough from Reflex Irritation.—Case of Diphtheria..... 36

VIII. MISSOURI STATE MEDICAL ASSOCIATION.—Twenty-fifth Annual Meeting, Held at Brittingham Hall, Hannibal, Mo., May 16-17-18, 1882..... 59

IX. AMERICAN MEDICAL ASSOCIATION.—Twenty-third Annual Session. Held at St. Paul, Minn., June 6-7-8-9, 1882..... 66

X. WILL COUNTY MEDICAL SOCIETY, (Illinois)..... 73

XI. CORRESPONDENCE..... 76

XII. PERISCOPE.—*Toxicology*.—A Case of Transient Poisoning from the Instillation of a few drops of Atropia into a Healthy Ear Canal.—*Pathology*.—Is the Ovarian Cell Pathognomonic? The Anatomy, Physiology and Pathology of the Blood-Cor-

puscles.—*Ophthalmology*.—Syphilitic Diseases of the Lachrymal Apparatus.—Central Colour Scotoma.—stretching the Optic Nerve.—*Therapeutics*.—Vaccination with Bovine Lymph. Cathartics given Hypodermically.—*Practice of Medicine*. Primary Epithelioma of the Tonsil.—A Case of Hæmatemesis Neonatorum.—Criminal Lunatics.—Congenital Teeth,—Labor Complicated by an Enlarged Fœtal Liver.—Removal of the Uterus in Ovariotomy.—Progress of Obstetrical Surgery. Absence of Catamenia.—Decidual Hemorrhage.—The Influence of Sexual Excitement during Wounds..... 80

XIII. Clinical Reports From Private Practice.—Belladonna Poisoning.—Recovery. By J. G. Carpenter, M. D., of Sanford, Ky 93

XIV. Reports on Recent Progress in Medicine.—Report on Venereal Diseases. By R. W. Wilcox, M. D., of Vienna, Austria..... 94

XV. Report on Dermatology. By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis... 99

XVI. Editorial.—Medical Schools of St. Louis..... 105

XVII. Book Reviews..... 111

XVIII. Books and Pamphlets Received..... 117

XIX. News Items..... 119

XX. Meterological Observations, and the Mortality Report of the City of St. Louis..... 122

INDEX TO ADVERTISEMENTS.

Yellow Fever.....1-29-30-32
Wyeth & Bro., *Elixir Phosphate Iron, Quinine and Strychnia*.....2
E Fougera, & Co 3-4-5-11-14-24
Lambert & Co., *Listerine*.....6
Richardson, J. C & Co., *Celerina, the Nerve Tonic*.....7
Schieffelin, W. H & Co., *Soluble Pills and Granules*.....8
Houghton, E. F., *Cosmoline*.....12
Kidder and Laird, *Hydroleine*.....17
Reed & Carnrick, *Maltine in Pulmonary Phthisis*.....13
Aloe & Hernstein, *Surgical Instruments*.....15
Rumbold; *Hygiene and Treatment of Catarrh*.....16
R. M. Higgins, M. D. *Vaccine Virus*.....17
Wm. Warner & Co, *Soluble Quinine Pills*.....18
H. H. Burrington *Dr. Wadsworth's Uterine Elevator*.....19
Goine & Co. Other Rakoczy Bitter water.....20
E. Sheffer, *Pepsin*.....20
Caswell & Hazard, *Family and Manufacturing Chemists, New York*.....20
H. Planten & Son. *Capsules*.....21
St. Louis Medical College,.....22
McIntosh, Dr., *McIntosh Galvanic Belt and Battery Co*.....22-23
Thomas Leeming & Co. *What is Nestle's Milk Food?*.....25
Battle & Co., *Bromidia*.....25
St. Louis Medical and Surgical Journal.....26
Murdock Liquid Food Co.....37
For Sale.....32
Chesebrough Manufacturing Company, *Vaseline*.....32
New York Pharmacal Association, *Lactopeptine*.....Second Page Cover
Fellow's *Hypo-Phos-Phites*.....Third Page Cover
Parke Davis & Co., *Fine pharmaceutical products*.....Fourth Page Cover
E. T. Pelgree, *Surgical and Dental Instruments*.....27

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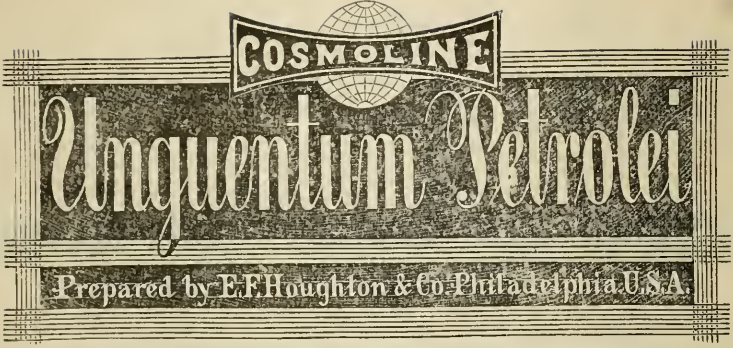

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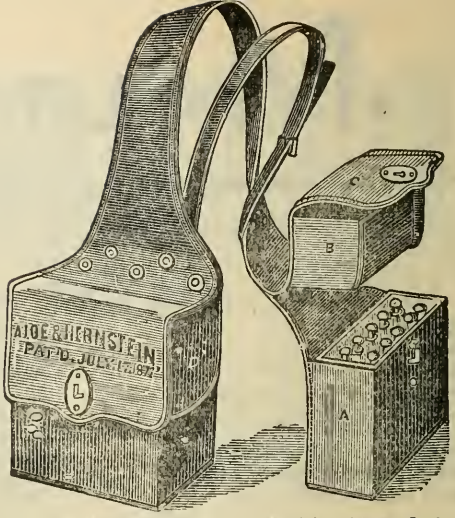

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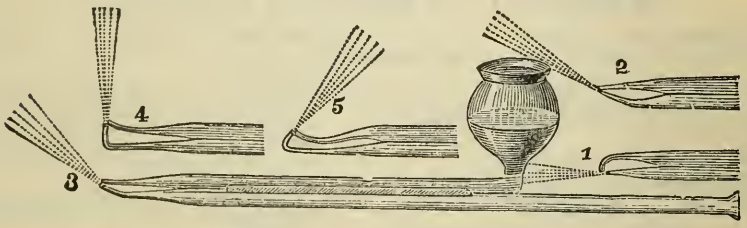

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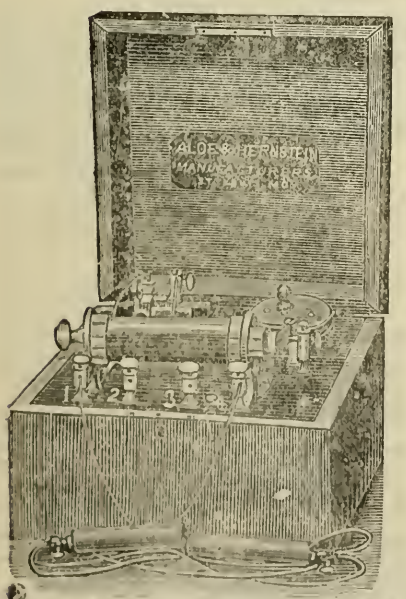

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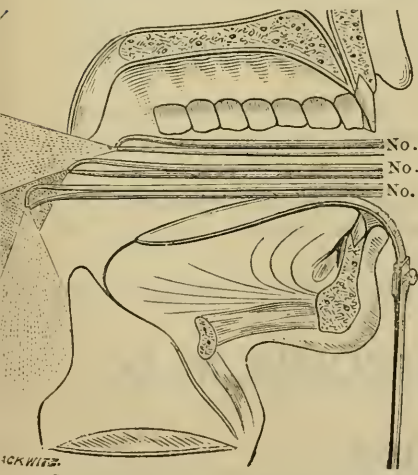

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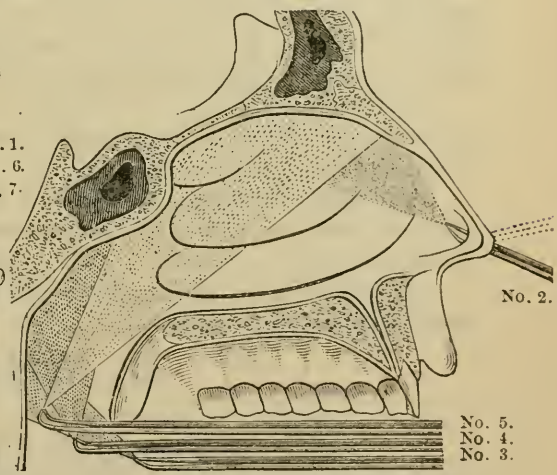

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EXTRACTS FROM THE PREFACE.

"The theory and practice contained in this work is the product of over twenty years of continuous labor, observation and study."

* * * * * * * * * * * * * *

"Having gone entirely out of the beaten track, with respect to the method of making local applications, I may have been too regardless of long established practices. This, however, I leave to the general profession, who, after all, are the TRUE CRITICS. Their almost universal dissatisfaction with the prevailing methods, will soon lead them to ascertain for themselves, whether, what I have recommended is an improvement or merely a change.

* * * * * * * * * * * * * *

"If it is urged against me, that I have differed very materially from many who are recognized by the profession as being well informed on this subject, I have only to say that what has been given here is the result of an honest search after facts, and that these facts are stated as I saw them, not fearing to question the correctness of long acknowledged

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Original Contributions.

Article I.

Report of a Case of Hepatitis Resulting in Death.* By B. B. Kelly, M. D., of Deadwood, D. T.

Gentlemen of the Black Hills Medical Society:—The duty assigned me can be best fulfilled by reporting a casein my practice, and as in my humble opinion, the highest aim of a physician should be to perfect himself in the art of diagnosis, so the greatest amount of benefit will accrue to the profession at large, through the medium of our medical societies, by each member thereof, reporting from time to time such cases of his daily practice as have put his own powers of discrimination to the test. Let us not hesitate to report cases in which we cannot arrive at a radical diagnosis. The diseases, that are most thoroughly obscured by concurrent symptoms are the ones from which we will derive the most benefit by reporting to each other and comparing professional opinions as to the relative importance of the symptoms present. Thus the combined wisdom of this society may be concentrated on the cases reported, and the reporter thereof and perhaps his patient benefited thereby.

History.—Female, æt. 38, multipara, oldest child 20, youngest 4 or 5. Nervo-bilious temperament. She has suffered several years, (15 or 16 years) with occasional attacks of sharp severe pains coming on suddenly and continuing in paroxysms for variable length of time, with dull, grinding, aching pain and soreness in the meantime around region of ensiform cartilage and extending around right side, both above and below the border of the ribs, and the pain apparently passing straight through to the back to the lower angle of the scapula, accompanied with a sensation of coldness over this region of the spine to such an extent that she has often applied hot fomentations to the back, or heated it by sitting with her back to the fire. Has suffered some in former years with falling of the womb, but has been

*Read before the Black Hills Medical Society, Deadwood D. T. March 25, 1882.

almost free from that trouble in the last few years. Menstruation has been regular and natural; has noticed change in her complexion in the time she has been suffering, from clear, light skin to sallow, darker shade; has always been subject to spells of sick headache. Symptoms June 25, 1882, 4 P. M.:

Pulse 120; temperature 100°.5 dorsal decubitus; knees partially flexed; expression anxious; lips dry and discolored with dark sordes; tongue free from coating, somewhat dry; appetite reasonably good; extreme tenderness from ensiform cartilage down along right costal border, also over dorsal spine below angles of scapulæ. Most marked on right side of spinous processes, touching the right epigastric and hypochondriac region caused so much pain and such violent contraction of the abdominal muscles, that it was impossible to make a satisfactory examination of the parts; gave one-third grain of morphine hypodermically. Patient has been unable to move from present position since 2 o'clock A. M., every attempt at movement causing excruciating pain, which she describes as like tearing the sore parts. Has not been able to be up all day for the last two weeks; has been under the treatment of a quack calling himself Dr. Orennan, who tells her it is disease of the stomach, and has been giving her something that he says is an entirely new remedy just out (it smells and tastes like opium). Further examination under the influence of the anodyne reveals the presence of a tumor in right hypochondrium, apparently about the size of a hen egg, of irregular oval contour. Obtuse angles can be distinctly felt on it, the larger end of the tumor pointing forward and to the right, it presents a feeling of unmistakable solidity and elicits complaint of pain on slight pressure even under the existing influence of the anodyne.

Upon turning patient on left side the tumor gravitated to space between the ensiform and costal cartilages; change of position soon causing return of pain, and rigid contraction of abdominal muscles and diaphragm. When the tumor is grasped in the fingers it is slightly movable, but is pretty firmly attached apparently to the under surface of the liver. There is no feeling of fluctuation in or around it. Action of kidneys normal; action of bowels at present normal, but there has been a habitual tendency to costiveness for several years past. Has often suffered from cold clammy sweats and feeling of faintness. For the last week has had chilly feeling, not amounting to a chill, but felt it

difficult to keep warm. Has had attacks of nausea causing efforts at vomiting, which always caused extreme pain.

DIAGNOSIS.—Bilious colic caused by repeated passage of biliary calculi. Chronic hepatitis, tumor caused by calculus in gall bladder.

TREATMENT.—Two grains hydrarg. submur. four times a day for two days; locally a nitro-muriatic acid lotion to side and back three times a day, with anodyne of chloral hydrate and bromide potassium, to be taken if pain becomes severe again.

We aim to accomplish by this treatment:

1. Increased secretion from the glandular structure of stomach, duodenum and liver, with increased peristaltic action and the local sedative and the relaxing effect of the mercurial on the muscular and mucous coats of the stomach and duodenum, and more especially the ductus communis choledochus, hoping thereby to facilitate the expulsion of the calculus supposed to be in transit.

2. The nitro-muriatic lotion is supposed to supplement the above treatment by rendering the hepatic secretion more fluid, thereby increasing its solvent power, with local revulsive action.

In submitting this imperfect sketch of a hard case, I hope to induce lenient criticism by promising you another chapter on the future developments of this case, entitled "Prognosis."

The following are further notes of the case:

Jan. 28. Pain still continues pretty severe but is partially controlled by the anodyne; stools of grayish color and contain hard lumps of feces. Pulse 112; temperature 100°; gums tender from influence of mercurial; enlargement of liver still greater than at first examination, and tenderness extending further to the right. Mouth dry, occasionally feels nauseated. Prescribed pepsin and bismuth. Continue hydrarg. submur. two grains twice a day, and give ten grains bicarb. potass. four times a day, also continue bromide and chloral as anodyne and nitro-mur. lotion externally; injection of warm water once a day if bowels do not move, and hot fomentations to side when pain is severe.

Jan. 31. Bowels have moved every day aided by warm water injection; passages natural and tinged with bile. Still unable to move from dorsal position without suffering extreme pain. Point of extreme tenderness two inches below and to the right of the ensiform cartilage. No diminution in the size of organ; has had slight chills several times; appetite better and

feels stronger; pulse 120; temperature 99°; has spells of sweating; tumor can be plainly felt apparently about the same size, but is forced downward by the greater enlargement of right lobe of liver.

Continue bicarb. potass. and give opium and belladonna suppositories to controll the pain. Think it probable that suppuration may take place at the point at the right of ensiform cartilage.

Feb. 5. General appearance of patient better, and has rested more comfortably under the influence of the anodyne suppositories. Still suffers at every movement. Clay colored stools again. No further indications of suppurative action. Tenderness more diffuse. Pulse 120; temperature 90°. Enlargement of liver about the same; tumor still hard and tender. Ordered blister 6×8. Suppositories and bicarb. potass. continued.

Feb. 7. Strangury causing great increase of suffering for a while; caused them to send for me; found good blister drawn; strangury subsiding; omit bicarb. potass. and give nitro-muriatic acid in extract sarsaparilla.

Feb. 13. No material change in the case; blister healing; has relieved tenderness and pain near the ensiform cartilage; the stools show secretion of bile, and bowels below enlarged liver feel more soft and natural; mouth dry and occasional nausea: appetite not so good; add two grains quinine, one grain mass hydrarg. four times a day. Suppositories often enough to control pain and procure rest. Nitro-mur. acid and sarsaparilla continued.

Feb. 17. The blister has healed up so we can examine the parts thoroughly again. Find no diminution in the size of the organ, nor change in its uniform hardness. The tumor on under surface of liver still the same in size and feeling, but the tenderness is not so great. Conclude that the case will not materially change for some weeks—and as case is about twenty miles from Deadwood—leave it in care of Dr. Southern, of Spearfish, to be called again if any change in patient's condition occurs. Continuing tonic and anodyne treatment.

March 10. Called to see the case again and find the patient more emaciated and the enlargement of the liver decidedly greater, the left lobe descending two inches below the left costal border, where its edge can be distinctly felt. Enlargement of right lobe of liver is not greater than it was at former examination.

Anodyne having failed to control suffering, increased quantity to two and one-half grains opium, one-third grain extract belladonna suppository every four hours. Recommended moving patient nearer town. Pulse 120; temperature 99°; tongue slightly coated and occasional vomiting. Stimulents, beer or wine.

March 13. Dr. Houghton called in consultation, found patient more comfortable and after examination jointly recommend moving to secure better cure. Introduce seaton over right epigastric region, and prescribe two and one-half grains each of quinine and blue mass three times a day. Nitro-mur. acid gtt. iv. four times a day. continue anodyne snppositories, stimulants and nourishing diet.

March 15. Visited patient 7 : 30, P. M. Had been moved about twenty miles; no other inconvenience from ride except tired and weak. No increase of pain; bowels moved soon after arrival, soft and natural, tinged with bile. Some nausea. Seaton discharges very little. Apply citrine ointment, and order it moved twice a day. Gums tender. Discontinue nitro-mur. acid and direct more stimulation, beef tea and milk and lime-water.

March 17, 11 A. M. Patient slept well last night. Free movement of bowels this morning, since which time has felt more pain and exhaustion and faintness. Pulse 120 weak; temperature 97°.5. Has been vomiting. Gave pepsinand bismuth. Hot fomentations. Countenance hypocratic. Face and extremities cold. Rallied some during the two hours I remained. Slept some. Continue quinine and blue mass twice a day, anodynes to control pain.

March 18, 11 A. M. Patient rested well last night. Countenance brighter. Inclined to sleep. Pulse 120. Temperature 98°. Extremities still cool. Hot application to the extremities. Not troubled so much with nausea. Takes beef tea and stimulants freely.

March 18, 10 : 30 P. M. Patient taken worse about 6 P. M. On my arrival found gasping respiration, semi-unconscious, thready pnlse, perceptible for one-half hour. Could swallow, gave carbonate of ammonia; no reaction. Died at 11 : 30.

March 19. Post-mortem seventeen hours after death. Abdominal section reveals:

1. Omentum and anterior surface of liver adhering to abdominal walls, and to within one inch of umbilicus, fatty

deposit on the omentum straw-colored and scant. Adhesions of peritoneum extending down on right side and becoming free on the left side and over the stomach.

2. About one and one-half pints straw-colored serum in the peritoneal cavity, and the stomach displaced downward by the enlarged liver, and distended with gas and fluid.

3rd. Liver projecting below the ribs and adherent to anterior abdominal walls, lower edge extends down within two inches of the umbilicus. Surface of the organ presents gray mottled appearance. Spots ¼ to ½ inch in diameter round and umbilicated; entire organ gives hard unyielding and roughened feeling.

4th. In attempting to remove the liver found the under surface firmly adherent to the pyloric end of stomach, duodenum, and head of pancreas, tied œsophagus and jejunum and removed the stomach, duodenum and pancreas with the liver, found some inspissated bile in hepatic and common duct; little color in gall bladder but found its cavity completely filled with biliary calculi numbering 98 in all, of which 85 were solid gall stones and 13 were semi-solid or soft concretions easily broken up with the fingers. Of the solid stones, one larger than the rest, occupied the neck of the gall bladder, just back of the commencement of the cystic duct the walls of the gall bladder fitting closely around its surface, completely blocking the entrance to the cystic duct, this stone was the size of large marble or hulled hickory-nut and weighed 72 grs. and has two flattened surfaces on it, worn smooth by the grinding action of the smaller stones against it.

The other solid stones 84 in number, varied in size from that of a pin-head to a grain of corn all presenting smooth surfaces and obtuse angles, evidently having been ground against each other by the churning peristaltic action of the gall bladder in its efforts to expel them, for a long time. Weight of the stones 181 grains, weight of liver nine (9) pounds. The gall bladder presented decided thickening of its walls at its base where the thickness measured ¼ inch, and was further thickened by the deposit of fibrous tissue in the form of a tumor around its base.

The walls of the duodenum uniform dark congested appearance spot of congestion extending down in walls of jejunum, some of the mesenteric glands enlarged to the size of a marble. Spleen atrophied, dark and wrinkled; substance of kidneys looks healthy but noticed a little purulent fluid in the pelvis of the left one.

Article II.

A Case of Unilateral Cerebral Traumatism in a Child with Hernia Cerebri and Considerable Loss of Brain Substance Resulting in Recovery without Impairment of Intellect. By W. A. Monroe, M. D., of Memphis, Mo.

The cases of remarkable recoveries from brain injury, with loss of brain substance, are sufficiently numerous, and familiar to the profession, to render it unnecessary for me, in making record of this case, to compile or refer to them. The authors are agreed as to the essentially grave and serious nature of all injuries to the dura mater and brain, and most of them, while citing a few remarkable recoveries such as the case reported by Prof. Bigelow, where an iron tamping-rod, three feet long was driven through the brain, the patient ultimately recovering with the loss of an eye—speak of them as rare exceptions, and state that as a rule they are fatal; but, when in addition to the simple wound, we have the complication of a foreign body left imbedded in the brain and hernia cerebri, with sloughing and extensive loss of brain substance, they tell us "treatment is extremely unsatisfactory—stupor speedily comes on and death results from coma." The dangers that await a case of cerebral traumatism, are, in the order of their occurrence, 1st. immediate death from involvement of the respiratory tract; 2nd. within a few hours from continuance of shock or extravasation of blood; 3rd. at a later but indefinite period from encephalitis, abscess, etc., and 4th, more remotely from paralysis.

Passing to the treatment of cerebral wounds, the authors are agreed that "foreign bodies within the brain are always potential for mischief" and that "every reasonable effort should be made to remove them." As to the hernia cerebri some recommend that it be "shaved off"—others that it be let alone—beyond this and the enjoining of quiet and rest and the application of cold or antiseptic dressings, conjoined with mild antiphlogistic treatment during the inflammatory stage, little, say they, can be done.

The interest that attaches to these cases, however no longer so much from ths *possibility* of complete recovery as from the interesting questions growing out of it, viz: whether the loss of brain substance, it may be of one or more convolutions or special centers of cerebration, *is reproduced* vis naturæ—or whether the function of such center is performed vicariously by the corresponding portion of the other hemisphere. This question, interesting as it is, I have neither time in this paper, nor ability to discuss, hence will leave it to other hands and content myself with simply placing on record, as my memory serves me, this, to me, most interesting case, only calling attention to the practical point illustrated by it, viz:—the wonderful resources of nature, *when uninterfered with*, for effecting beneficent results.

CASE.

On the evening of July 1st, 1877, I was called hurriedly to the family of Mr. Jas. Young, four miles in the country, the messenger stating that a little girl had fallen from a cherry-tree and would probably be dead before we arrived. I made all possible haste, and on my arrival found several neighbors gathered in, and all believing the child in articulo mortis. Passing through the yard I was shown the tree and limb from which she had fallen—the limb about ten feet from the ground—and also a fragment of an old iron pot which had been upturned under the tree, and one leg of which, about 2¼ inches long and an inch in diameter at the base tapering to ½ inch at the extremity, they informed me had penetrated the skull—this statement was confirmed by the fact that the leg was still covered with blood and particles of brain matter.

On entering the house I found my patient lying on the bed—a girl apparently of eight years—and, with the exception of an occasional convulsive effort at respiration accompanied by a low moan, presenting the aspect of a cadaver. On examination I found her almost pulseless—pupils widely dilated—respiration as stated slow and imperfect and the sensorium in a state of deep stupor which I could but believe would end only in the deeper sleep of death.

Passing to the site of injury, I found near the superior margin of the frontal bone and in front of the anterior-sup. angle of the right parietal bone, an opening about an inch in diameter. (*I did not probe to ascertain its depth.*) There was as yet only a slight

protrusion of cerebral matter but found more or less mixed with clotted blood in the matted hair around the wound—the hemorrhage had been comparatively slight. Finding no spiculæ of bone on the surface I concluded the piece *punched in* had been carried and left imbeded probably two inches in the cerebrum, and determined to leave it there. Believing the child would not live more than an hour or two, I simply directed a cold compress to the wound, warmth to the extremities and a mild stimulant in case she could swallow and left, directing them to report if she should rally from the *shock* and survive the night.

The next day, to my astonishment, Mr. Young came in and reported the child still living and with improved pulse and respiration, and though still in stupor, *it* was not so profound, she had become somewhat restless and disposed to sigh. I could not visit her on that day and directed the same course of treatment until I should come. On the third day I visited my patient. Dr. J. D. Justice, now of Belle Plaine, Ky., accompanying me, and found her quiet, rational, good pulse, good respiration, taking nourishment, and family and friends wonderfully encouraged. On examining the wound we found a *protrusion* of *brain substance as large as a hen's egg*, although *there were no inflammatory symptoms, nor indications of effusion* within the brain to account for it.

Recognizing the good offices of nature thus far, I determined to still trust the case in her benificent hands and directing them to keep up the cold compresses, (without much compression now, however) and enjoining absolute quiet and rest, after repressing their bouyant hopefulness somewhat, by explaining the secondary dangers through which she had to pass, I left and did not see my patient again—tho' she was reported doing well in the meantime—until the 14th day, when I was called to find her in the inflammatory crisis; muttering delirium, quick pulse, contracted pupils, etc., etc. At this visit I found the hernia cerebri had disappeared, *having gradually sloughed away*. I now removed the hair from around the wound and after searching the surface for spiculæ and finding none, declined to interfere further, in spite of the protest of outside friends, who thought I ought to probe the wound for the pieces of bone, which, in their estimation, were doing the mischief. I now directed a redoubling of the cold applications and other mild antiphlogistic treatment and left the case again in the hands of nature, hoping that the pro-

cess of suppuration, which had now begun, would dislodge and expel the pieces of bone and the case then progress favorably to recovery. I am happy to say my hopes were realized and on the 21st day I had the pleasure of examining half a dozen pieces of bone which during the week had made their way to the surface and been removed by the father. At this date the child was perfectly rational, supuration had almost ceased, the wound healthy and general condition good.

The case now progressed rapidly and evenly and within two months from date of injury I called, in passing, and found the child playing around with the other childen, the wound having healed entirely and she suffering no inconvenience from it other than an occasional headache when exposed to the sun or fatigued from too much exercise. It is now nearly five years since the accident, the child has attended school regularly and is bright and quick in her studies, exhibiting no psychogical pecularities. The family say they can notice no difference in her unless it be that she is livelier and more mischievous.

In concluding the record of this case all the merit I claim in connection with it is that of *letting it alone.*

Had I listened to the urgent demand of over-zealous outside friends, who at one time urged upon the parents a change of doctors, under a plea that I was "*doing* nothing for the child" and would certainly let her die, when "her life might be saved by searching for and removing the pieces of bone;" had I yielded to their importunities and explored the wound *ever so gently*, I am satisfied the super-added excitation would have turned the scale, the existing circumscribed cerebritis would have become diffuse and rapidly involved the centers of organic life and death the speedy result. Left to the slower but far safer process of nature, the diseased action remained limited to the seat of injury and to the beneficent purpose of expelling the fragments of bone and broken brain tissue, which, being accomplished, the process of repair *progressed* unimpeded and complete recovery was the result.

NOTE.—This family is remarkable for *lucky* accidents. About a year after the above I was called to see a nursing infant that had fallen from a second story window (12 or 13 feet) upon the *hard clay* ground, sustaining no other injury than a transverse fracture of one femur and it recovered in due time in good shape.

Article III.

A History of a Case of Rupture of the Uterus during the Eighth Month of Gestation, with a Description of the Post-mortem. By Walter B. Dorsett, M. D., of St. Louis.

I was invited by Dr. Robinson, to see a lady on March 31, 1880, and from her got the following history:

Mrs. A. C. B., colored; æt. forty years; nativity, Virginia; occupation, washerwoman. First menstruated at the age of thirteen years, and continued to menstruate regularly all her life except during her pregnancies. Had given birth to nine healthy children, all of whom were born at full term, and three years apart.

She was a well-developed, muscular woman and had always enjoyed good health. Menses stopped nine months prior to my visit, and she suffered no inconvenience from the condition except from violent movements of the child. She knew she "was in the family way because she felt just like she did when she was carrying her other children." One evening about six weeks ago, on coming home very tired from a hard day's work, sat down to rest, and on jumping very suddenly to catch a little child who was running towards an open fire, she felt a violent pain in her abdomen. She said "it felt like the child stretching out." This was followed by a "giving way" sensation, "then as if a bird was fluttering in her abdomen." Feeling very faint and weak, she immediately went to bed and sent for a physician. The physician soon arrived and upon examination found that she was bleeding, and "told her she was in the 'family way,' and that the afterbirth was in front of the child," (he no doubt thought it was a case of placenta prævia threatened with miscarriage), he ordered some medicine to quiet her, then left and did not return.

She said she never felt the child move after this. Her abdomen began to enlarge gradually from this time until I paid my first visit. Though she felt very weak she frequently went about

the room. During this time she was always annoyed by a slight vaginal discharge which was very offensive.

Upon examination per vaginam, the external os could be easily felt; it was soft and patulous, and the neck seemed nearly obliterated. There was a slight moisture in the vagina, due to the presence of bloody mucus, which had a very offensive smell.

The uterus was quite movable and was not adherent to the surrounding tissues. There was a general enlargement of the abdomen, and upon percussion a very marked dullness, extending from the left iliac region in an oblique direction to within two inches of the lower border of the liver, having a general width of about two and one-half inches, could be easily detected. A hard tumor about four inches in diameter, could be detected in the left iliac region. All other regions of the abdomen were quite tympanic and very tender to the touch.

The sounds of a fœtal heart, although carefully searched for, could not be heard. She was quite feeble and weak, and the pulse was very slow and easily compressed; heart-sounds somewhat muffled. As she was suffering a great deal of pain, I ordered the solution of morphia, that Dr. Robinson had prescribed, continued. I called regularly every day but could discover no new symptoms, and she grew gradually weak till April 5, when she died.

Assisted by Dr. W. B. Conery, on April 5, a few hours after death, I made a post-mortem. The cavity of the abdomen was opened by a succession of careful incisions carried from the lower end of the sternum to the symphisis pubis.

The child's head was found resting upon the intestines immediately below the stomach, the right arm drawn in a flexed position with the elbow resting on the anterior surface of the womb; the head, neck and right arm being entirely outside of the cavity of the uterus. A rent in the fundus of the uterus still grasped the child around the left side of the neck and under the right arm.

The smell of the escaping gas was so offensive that it was with diffenlty that we could proceed. The child as well as the uterus was in such a decomposed condition that we could not remove them intact from the abdominal cavity. When the child was lifted up the right foot was seen protruding through the internal os and engaged in the neck.

This was certainly a most interesting case, and could be none other than a rupture of the uterus during the eighth month of

gestation, which did not prove fatal to the mother till the time arrived when she ought to have given birth to a matured child.

The cause of the rupture was very probably due to the violent muscular movements of the child, together with a weakened condition of the uterine walls, superinduced by her jumping up suddenly to catch the little three-year old child.

The child no doubt died shortly after its partial escape into the cavity of the abdomen, or when she felt the "giving way" sensation, and the fluttering sensation was its death struggles.

It was plainly shown by our post-mortem that there had been an effort on the part of the womb to expel its contents, from the fact that the foot was found engaged in the neck, but as the head and arm had been caught in the rent by the contracting fundus, it was impossible for it to accomplish its purpose, and labor ceassd. Just at this time would it not have been eminently proper if the physician could have recognized her true condition and performed Cæsarian section and have at least tried to save the mother's life?

Translations.

Article IV.

FROM THE FRENCH.

Excerpts from Late French Journals. [Translated for the Journal.] By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis.

Sudden Death During an Attack of Hepatic Colic.—Prof. Brouardel has related an interesting case of this kind. A young woman, aged thirty, well built, after a brisk walk as she was about to enter a car, drank a glass of syrup and seltzer water and a few minutes after was taken with violent abdominal pains. When she arrived at her destination she could not proceed home but entered a hotel. A physician soon arrived and diagnosed hepatic colic, saying it would soon be over. Nevertheless, after several exacerbations of pain the patient suddenly died in the night ten hours after the first seizure. A post-mortem examination was made the only lesion found being an ordinary sized calculus in the ductus choledochus, sixty-one in the gall-bladder and a sub-mucous œdema of the duodenum and jejunum and a hemorrhage uniformly infiltrating the parynchema of the pancreas. Chemical analysis demonstrated the absence of any poison.

Death, then, was only attributable to the hepatic colic. Cases of this kind are very rare and imperfectly known, although all authors seem agreed in accepting the possibility of such an abrupt termination. Charcot, noting the constant lowering of the pulse, in hepatic colic, attributes this not to the violence of the pain which is often not very great, but to a reflex action determined by the irritation of the semi-lunar ganglia and reflected upon the pneumo-gastric. The diminution of the pulse can go on thus until a mortal syncope supervenes.

At all events, cases of sudden and rapid death, without perforation or other complications, are very rare. Portal mentions two cases. Curry and Boudet have noted two analogous cases;

Durand-Fardel mentions a similar one occurring in an old woman; Charcot mentions a case from the *Medical Times* of a woman aged thirty-three, who had had several attacks of colic and syncope. These are about all the cases of a similar nature, recorded; they differ in certain points clinical and anatomical from that of M. Brouardel. At all events, in a medico-legal, point of view it is interesting to call attention to a cause of sudden death hitherto but very little recognized.—[*Jour. de Méd. et de Chirurg. Prat.*

EXAMINATION OF THE EAR.—M. Gellé has made an experiment of great clinical value; it permits, in certain cases of defective hearing, to locate the lesion and to recognize abnormal action of the stapes and of the apparatus of accommodation. A vibrating tuning fork is placed upon the frontal eminence of the patient; in his ear is fixed a tube of rubber whose other extremity, closed by a diaphragm of gold-beater's skin is placed to the ear of the observer; this otoscope has inserted at its middle an insufflating bulb.

The apparatus being arranged, the vibrations of the fork follow the cranial bones and are transmitted to the tympanic membrane. The patient perceives a sound which is transmitted by the vibrations of the tympanic membrane and of the air of the tube to the ear of the observer. If now, by the aid of the bulb, the tension in the tube be augmented, that is, if the membrana-tympani of the patient be compressed, his accommodative apparatus, which has lost its integrity, will perform its functions abnormally, the stapes will penetrate more or less in the fenestrum ovale and the sound of the tuning-fork will no longer be the same for the patient and for the observer; the lesion can be immediately localized in the apparatus of accommodation.—[*Progrés Médical.*

CÆSARIAN OPERATION FOLLOWED BY PORRO'S.—M. Guichard, of Angers, had a patient, aged twenty-five, who measured 1.08 metres in height. She presented a considerable xyphosis, occupying chiefly the lower portion of the dorsal region. Having arrived at term, the uterus had fallen downwards and forwards forming a large pendulous tumor, reaching nearly to the knees. Vaginal examination, which was very difficult, showed an oblique oval narrowing of the superior strait, but the most con-

siderable obstacle existed at the inferior strait whose transverse diameter measured only *four* centimeters.

The surgeon performed the cæsarian operation, extracting a well-formed child, which lives. Immediately after a part of the uterus was excised and the stump sutured to the abdominal wall. The antiseptic method was rigorously followed. The next day a small amount of hemorrhage necessitated placing an elastic ligature about the pedicle. The patient died on the third day with symptoms of peritonitis. The skeleton of the woman is remarkable for the great curvature of the spinal column and the form of the small pelvis.—[*France Médicale.*

PARASITES OF MALARIA (IMPALUDISME.)—M. Lauveran called the attention the of the Société Médicale des Hôpitaux to the fact that he had shown the presence of parasitic elements in the blood of malarious subjects. In Algeria, his autopsies demonstrated merely the constant lesion to be the presence of pigmented elements in the blood. As to their origin, must it be admitted that they were due to the destruction of red blood-corpuscles? Microscopical examination demonstrated, besides the melaniferous leucocytes described by Frerichs, other pigmented elements whose parasitic nature could not be doubted. These exist in three forms and are possessed of complex characteristics.

The researches were carried on for two years. It was observed that quinine medication caused the disappearance of the pigmented elements. In malarial cachexia, these elements only exist in the capillaries of the liver and spleen. In the fevers proper, the general circulation; to find them it is only necessary to examine the blood obtained by pricking the end of a finger of the patient. M. Lauveran seems to be convinced of the living nature of the elements he has observed and described; and appears astonished at the objections which have been made.

As to the pathogenetic rôle of these parasites, he formulates the following propositions:

1. Parasites always exist in the blood of those affected with malaria, at least, in the capillaries of the spleen.

2. The number of parasites is in proportion to the gravity of the affection.

3. It is at the beginning of attacks that we find the parasites in the greatest number.

4. Never are these parasitic elements found in other diseases.

5. These elements disappear rapidly after the cure of the attack by quinine medication.

6. Experimental inoculations are fruitless because malarial fever is not inoculable in animals.

The writer has been unable to determine by what means the parasites enter the system, but he thinks that the theory rests on a solid base.—[*Paris Médical.*

ABSORPTION OF SEQUESTRA.—M. Vrignal has lately made a series of experiments on the absorption of sequestra. He has determined that a sequestrum covered with pus will not be absorbed, whilst one enveloped in granulations will be. A fragment of bone (a bone peg) being driven into the tibia of a rabbit was almost entirely absorbed.—[*Gazette des Hôpitaux.*

EXPERIMENTAL PHYSIOLOGY.—Brown-Sequard has made a series of sections at the base of the brain after which excitation of the parts situated above the sections determine movements either of the same or of the opposite side. These phenomena are not only produced by galvanization but by any mode of excitation.—[*Ibid.*

IODOFORM CRAYONS.—E. Boeckel employs, for fistulous tracts, a crayon composed of idoform, 1 part; and gelatine or cocoa butter, 2 parts. To have them less soft use idoform, 8; powdered gum arabic, 1.5; gum tragacanth, 0.5; mucilage, q. s., to make a mass such as used for pills. This is then rolled into cylinders. To attenuate the penetrating odor of the iodoform, add one drop of oil of bergamot for every 10 grains of iodoform.—[*Gazette Médicale de Strasbourg.*

ARTICLE V.

FROM THE ITALIAN.

CHARCOT ON SPINAL LOCALIZATIONS. (Paris 1878-1880.) Review by the Milan Hospital Gazette. [Translated for the JOURNAL.] From *Il Pisani, Sicilian Gazette.* By JOSEPH WORKMAN, M. D., Toronto, Canada.

(CONTINUED.)

The reason of these ascending and descending degenerations is the same as that found by Waller for degeneration of the anterior and posterior roots of the spinal nerves, that is to say, their separation from the respective trophic centres which for the anterior roots are the motor cells of the anterior cornua, and for the posterior are the corresponding intervertebral ganglia. Now, the fibres of the fasciculi which degenerate from above downwards, before the point of lesion, are comparable to the centrifugal nerves going out from the anterior roots of this number and are; 1st the pyramidal fasciculi composed of fibres whose trophic centre should be in the pyramidal cells of the grey cortex of the rolandic region: 2nd, the short fibres of the lateral fasciculi, whose origins are placed from above downwards in diverse points of the spinal grey centre. On the contrary the the fasciculi which degenerate from below upwards, are comparable to the posterior roots,whose trophic centre is peripheral. Of this number are: 1st, the cerebellar direct fasciculi, whose trophic centre is in the medulla itself, whilst their terminal centre is in the cerebellum; 2nd, the fasciculi of Goll, whose trophic centre occupies the grey substance of the inferior region; lastly, the same interpretation is applicable to the short commissural fibres of Burdach, which likewise degenerate from below upwards.

These facts have been confirmed by the researches instituted by Schiefferdecker on 100 dogs on which Goltz and Freusberg had cut transversely the medulla spinalis in correspondence with the twelfth dorsal vertebra which operation some of them survived several weeks, and some of them even a few months.

3rd Group. *Degenerations secondary from peripheral cause.* These reside in the posterior fasciculi of the medulla spinalis. The examples noted up to the present are only five or six, but the point of departure of this special lesion should always be regarded as the nerves of the corda equina or better their posterior roots. Having briefly brought to notice the structure of the medulla spinalis as results from the knowledge of normal and pathological anatomy and the physiological facts showing that the transmission of voluntary incitations is effected by the pyramidal fasciculi (Woroschiloff) and that the brain exercises a moderating influence over the spinal reflexes, the author proceeds to describe the general semeiology of secondary degenerations of the pyramidal fasciculi.

The outer face of the lenticular nucleus, chiefly in its anterior third, is but very laxly united to the external capsule : a sort of virtual ventricle exists there: and there, as Gendrin had observed, the hemorrhagic focus commences to be formed in the greater part of the cases of cerebral apoplexy. To this same region belong the nutrient arteries (terminal), whose lesions in a certain manner prepare intra-cephalic hemorrhage (miliary aneurisms). By the breaking of any of these arterioles the blood is diffused into the above named virtual ventrical; in this manner are formed those flattened foci, which, when the blood has been reabsorbed, are presented under the form of a linear, ochry cicatrix limiting the external borderof the lenticular-nucleus.

Now, when the above focus is yet recent, if the hemorrhage be even a little notable, it must necessarily force the grey nuclei towards the ventricles, by reason of the greater resistance offered by the cranial wall at the part of the insula. In this case no important part remains destroyed: the internal capsule is only mediately compressed and despite the intensity of the first symptoms (shock), if the patient has overcome them, he may recover, that is, he may regain, sooner or later the quasi-integrity of his movements.

But the focus may enlarge, and extend itself according to the direction of the arterioles, cut transversely the internal capsules, and penetrate the lateral ventricle (?)—ventricular cavity. Such cases are almost always lethal.

But though the ventricular inundation has not taken place, and the fibres of the internal capsule only have been lacerated, and a greater or less pyramidal portion of it is interested,

the integrity of movements has been definitely compromised, because a descending spinal degeneration necessarily follows such a destructive lesion.

It is, then, possible clinically to recognize, from certain characteristics, in an individual seized by a hemiplegia of fourteen or fifteen days past the fact that the pyramidal fasciculi have been destroyed at some point in its path, or in other terms, is secondary degeneration revealed by means of symptoms proper to it? Late contracture in hemiplegia is pathognomic of such a degeneration, but it usually is decisively manifested only towards the second or third month after the attack; it depends, according to Charcot, on an exaggeration of the muscular *tonus*, the spinal reflexes. Other symptoms, not spontaneously manifested, but which may be provoked by appropriate manœuvering, reveal exaggeration of the spinal reflex a considerable time before contracture appears and they hence also reveal, with almost absolute certainty, the anatomical condition sought for.

These symptoms are, 1st, the spinal trepidation or provoked spinal epilepsy,the phenomenon of the foot (Fuss phenomenon) of the German authors, clonus of the foot. Here is what it consists in. When the lower paralyzed limb of a hemiplegic is raised by placing one hand under the ham so that the leg of the patient is left to itself, if with the other the point of the foot be briskly raised a series of shakes is immediately provoked the assemblage of which constitutes a sort of rythmical movement,a tremor with oscillations more or less regular or persistent. Ordinarily,this is not manifested in the normal state. According to Berger it is rendered more intense by the use of strychnine and more attenuate by that of opium. An analogous phenomenon is sometimes produced when the hand of a hemiplegic is briskly elevated by the points of the fingers. These patients frequently also, by raising the paralyzed arm experience a trembling similar to that produced in the lower limb in the like manner. But the phenomenon of the hand, provoked or spontaneous, is much rarer than the corresponding one of the foot.

2nd, The tendon reflexes (Westphal, Erb). The better it is studied, the more easy is the provocation of these phenomena; it is known under the name of patellar reflex, reflex of the rotular tendon, the phenomenon of the knee, *clonus genu*. It is brought out in the following way: The limb desired to be explored is held up by the left hand of the observer placed under

the ham. With the cubital margin of the right hand or better with the percussion hammer of Stloda a slight blow is given on the centre of the rotular tendon. Almost immediately after the blow, the leg of the patient springs up it rises more or less briskly describing a trajectory more or less extended according to the nature of the case: it falls back very soon after, sometimes however, a single blow is followed by two or three successive oscillations; this is the highest degree of intensity that the phenomenon can reach. It also is rendered more intense by the use of strychnine. Other important physiological conditions of this phenomenon have been studied by Ischirjew, by the graphic method and by means of vivisection of rabbits.

Strichnia augments the contractions and can even make them appear in hemiplegics (Fouquier); a similar effect may be produced also by wounds and by faradizations applied to the paralyzed limb. Hemiplegic contracture ordinarily or when it arrives spontaneously, is not established till about the middle of the second month, sometimes later rarely sooner. It does not show itself briskly (bruscamente) but comes on little by little and is in the outset transitory. Usually it occurs first in the upper limb then extends to the lower one and also to the face. In the upper limb flexion predominates; in the lower, on the contrary extension. The shoulder is now lowered, and again elevated, but the arm is always laid over the thorax, from the contraction of the pectoral muscle. The elbow is in general semi-flexed; the forearm is in pronation and the hands are closed. Sometimes however, there is flexion with supination; sometimes extension with pronation or with supination. As a rule the lower limb is rigid in extension; the foot then takes the attitude of varus equinus; walking is yet possible. The developement of contracture in the flexor group of the lower limb is very rare. The thigh is then flexed on the pelvis, the leg on the thigh, and the heel touches the nates. When the contracture is bilateral, walking becomes quite impossible. From contracture on the face, the labial commissure is raised on the affected side; the nasolabial sulcus is deepened the eye seems sometimes smaller than that of the sound side; at first view we might believe in an alternate paralysis.

The limbs in a determinate, or at lenght an almost definitive position, are in such a state that the observer who wishes to

move them, finds a resistance more or less pronounced sometimes almost indomitable, in whatsoever direction their displacement is tried; hence the acquired conviction that the antagonistic muscles are contracted to the same degree. This character distinguishes the contracture of hemiplegics from paralytic contractures, or those of adaptation, produced by the tones of the muscles antagonistic to the paralyzed and atrophied ones; the latter being deprived of tonicity and voluntary movement, do not oppose the resistance when it is attempted to establish momentarily the normal attitude.

Article VI.

FROM THE PORTUGUESE.

Study of the Etiology and Nature of Beriberi. By Dr. A. Pacifico Pereira. Translated from the *Gazeta Medica da Bahia*, for the Journal. By Joseph Workman, M. D., Toronto, Canada.

(CONTINUED.)

In order to obviate the inconvenience caused by evaporation of the serum, I many times made examination in the humid camera of Ranvier and Recklinghausen, maintaining the preparation in the normal temperature of the blood. In the majority of the cases, and especially the more severe, the globules were discolored, they did not gather into beady clusters except in very small number; they presented different sizes, being in general much less than that of normal blood; these forms were variable, many being in transition between discoid and spherical; many of them had their surfaces covered with salient spiculæ, and a great many presented protoplasm full of small granules. It is true, that in the humid camera this alteration in the structure of the globules was not so generalised, but it was still manifest, and, as a general rule, so much the more in proportion to the advance of the disease.

It appeared to me, from the frequent observations which I made, that the loss of that property which the red globules possess, of becoming clustered as bead-rolls, was due to the morphological alteration suffered by them, passing from a bi-concave to a bi-convex disc, or from an ovoid to a spheroidal form, suggesting the idea that in this disease the photoplasm of the globule differs in its physico-chemical constitution, and becomes changed in structure and form.

These alterations in the form of the globules, as well as the absence of the tendency to beady clustering, are not peculiar to beriberi. In examining the blood of different individuals under various diseases, I have observed the same defect of clustering of the globules, and I have noted morphological altera-

tions similar to those met with in the globules of beriberi, in cases of puerperal fever. Similar alterations have been noted by pathologists in the blood of persons attacked by infectious diseases,—true pyrexias,—in no way resembling in their march beriberi, which is a disease of apyretic character. The reflexions suggested to us by this observation must be reserved for a subsequent article.

The number of the white globules in the blood of beriberics is generally greater than that of the normal proportion. In some cases already advanced, and of chronic progress, I have found them above 5 per cent. In others the red globules were so discolored, and presented in so great a number altered in forms that it was difficult to distinguish them from the white globules, which thus appear in exaggerated proportion. In many cases the white globules presented a granular alteration of the protoplasm, which was clearly visible with a magnification over 1,000 diameters.

The number of the red globules is variable, but as a general rule, hypo-globula obtains in beriberics. I have examined the blood of many individuals in a state of sound health, and have compared it with the blood of beriberics. Computation of the globules has shown me, in the first place, that the globular richness of the blood is sensibly diminished in this climate. In my own person I had the opportunity of observing the difference produced by climatic action, by examination of my blood after a year's residence in central Europe, and by examination a year afterwards in the State of Bahia. In the latter the computation of the red globules gave a difference of over 500,000 globules in each cubic millimeter.

In general the number of globules in beriberi is below 3,500,000 per cubic millimeter; in individuals apparently sound, I have seen it 2,000,000; according to Dr. Pedro de Magalhaes, the figure descended to 1,358,900 in cases observed by him. This distinguished colleague proceeded in Rio de Janeiro in similar examinations of the blood of beriberics, and he found, in many cases, the number to be from 2,396,800 to 2,782,000, and in some cases 3,000,000 and over. In forty-five cases of beriberi, in which I proceeded according to the process of Malassez-Potain, in numeration of the globules, the number of red globules varied from 1,200,000 to 3,000,000 in each cubic millimeter of the blood. It was in the chronic form of the disease

that hypo-globula was most manifest, and in these cases convalescence brought a notable augmentation in the globular richness of the blood.

In Itapharica, (a few leagues from the city of Bahia,) where beriberies are generally treated, I observed in one case, after thirty days of convalescence, a difference of 400,000 red globules in each cubic millimeter of blood.

Besides these morphological and quantitative alterations of the blood, I observed, in the frequent examinations made by me, an element which is not normal in the blood. In a great many of the cases, over sixty, I observed the existence of micro-organisms, in large number, sometimes grouped in small colonies, or again isolated among the globules. These micro-organisms at first appeared to be greatly diminished fat globules, not only from their aspect, but also from their size; I could not however, make their exact measurement, but I supposed it to be about twenty times less than that of a globule of blood. With a magnifying power of 1,200 to 1,500 diameters, (the objective of immersion 12, of Hartnack) they are perfectly appreciable as spherical organisms, presenting themselves now in small groups, or again isolated, and endowed with self movements of rotation and translation. Those which were isolated were always possessed of greater vitality and they moved actively and incessantly in the field of the microscope, and showed that their rapid and continual movement of translation was always accompanied by a movement of rotation of the corpuscle around its own axis. Besides these two movements, it appeared that the corpuscle, from time to time, dilated and retracted itself, so as now to appear as a brilliant point, perfectly spherical, and again as an ovoid, with a clear centre and very obscure extremity.

At some points these microbias presented themselves collected in small groups, from which, from to time, some of them detached themselves, and moved about isolated in the field of the microscope. Some of my distinguished colleagues, as Drs. Silva Lima, Ramiro Monteiro, Maia Bittencourt, Victorina Pereira and many students of medicine have had occasion to see them several times.

Proceedings of Medical Societies.

Article VII.

ST. LOUIS MEDICAL SOCIETY.

Taken by the Journal's Stenographic Reporter.

Saturday, April, 15, 1882.

Acne Vulgaris. By A. H. Ohmann-Dumesnil, M. D.

Mr. President and Gentlemen:—My object has not been to present to you anything new or startling upon this subject, but rather to endeavor to give the brief outlines of the diagnosis, etiology and therapeutics of this disease. To enter fully and minutely upon this task would demand more time than you can give and an amount of labor which the practical ends for which this paper is presented would hardly justify. Should my hearers recognize, here and there, some of their old friends somewhat disguised, they may consider me under obligations to the proper source, as a due regard for the importance of the subject has prompted me to look up a few of the leading authorities on diseases of the skin with the reward of having both profited by the reading and of having derived great pleasure in so doing.

Acne vulgaris is perhaps an affection that is one of the most common and frequently met with among the dermatoses and, yet, its successful treatment is far from being a settled fact. Statistics, relative to the comparative frequency of acne, are not very reliable as they are gathered from the dispensary and private practice of those who make the treatment of skin diseases a specialty, and it is a well-known fact that a large proportion of those affected with acne resort to nostrums and quacks or to the general practitioner for treatment; and, being generally unsuccessful in obtaining relief from these sources, they abandon all further efforts and thus fail to be observed. Of course, a small portion of these, in whom the disease takes on an aggravated form, have recourse to the dermatologist and it is these whom we find recorded. So that it follows that the figures given fall

far below the actual number. Imperfect as these statistics are, however, they cannot fail to impress every one with the fact of the great prevalence of acne. The following are some figures taken at random. In the report of the Committee on Statistics of the American Dermatological Association,[1] presented September 2, 1880, we find that out of a total of 11,047 cases of skin disease, 685 or 6.2 per cent. were cases of acne. These were divided as follows: Boston, 267; New York, 160; Philadelphia, 66; Baltimore, 28; St. Louis, 34; and Chicago, 130. That these figures are very imperfect can be seen at a glance but even 6 per cent is no mean figure.

H. W. Stelwagon,[2] of Philadelphia, records an analysis of 715 consecutive cases of skin diseases, observed at the clinics of the Philadelphia Dispensary for skin diseases. Of these 35 or 4.9 per cent. were cases of acne; and, in 1880, there were 20 cases or 3.1 per cent. of the total number of cases.

Observing these figures critically and making all due allowances for the other skin diseases but imperfectly recorded, I think that a fair estimate of the number of acne cases is 15 per cent. of all skin diseases. This is a low estimate, but it is sufficiently high to show the importance of the subject of this paper.

Besides, men and women, affected with this disease, are often disfigured by it and cannot obtain relief, in many cases, either because they have not applied to those competent to give proper treatment or, having done so, the disease has acquired such a chronicity that it requires a great deal of time and patience to eradicate it; perhaps more patience than patients are generally ready to display, however willing they may be to sacrifice time.

The thousands afflicted with acne never seek relief and it is only the few who have time, patience and the necessary moral courage who apply for treatment and who persist until a cure is effected, or obtain such relief as is, to some extent, satisfactory.

The literature of this subject is not very abundant and is all alike save in some points connected with treatment and there it is that we see how little is really known on this subject.

Description and Diagnosis.—Perhaps the best definition of acne vulgaris is that given by Duhring, that it is "an inflam-

1. *Archives of Dermatology*, Vol. VII., p. 171.
2. Philadelphia *Medical Times*, Vol. XII, p. 411.

matory, usually chronic, disease of the sebaceous glands, characterized by the formation of papules, tubercles, or pustules, or a combination of these lesions, occurring for the most part about the face."[3] The lesions are dark red, violaceous papules which do not itch and very seldom pain even on pressure. They occur upon the face, neck, shoulders or arms. Occasionally the papule becomes a pustule, a small yellow point appearing at its apex and enlarging.

Acne vulgaris is easily diagnosed and there are but few other skin diseases with which it might be confounded. It may be distinguished from eczema from the fact that the latter itches intensely, occurs in other parts of the body, spreads from a center and is not confined to the sebaceous glands. It differs from pustular syphilodermata and from so-called syphilitic acne because these latter always give a history of syphilis and, although usually attacking the forehead they are not confined to the sebaceous follicles but may involve any part of the skin. Superficial lupus might be taken for acne, but papules of the latter run their course in from one to four weeks whilst those in lupus may persist for months. In acne the lesions are scattered and with a tendency to be symmetrical, each papule or pustule being confined to a sebaceous follicle, the disease being an affection of the sebaceous glands. It has no tendency to spread and rarely exists on different parts of the body at the same time. It never occurs upon the palms of the hands or soles of the feet.

It generally makes its appearance at the commencement of puberty and, if left to itself, may spontaneously disappear at the 25th or 26th year or may not do so until the 42d or even later. It attacks males and females alike and is exceedingly inclined to chronicity. Cases are unusual in which we find acne in children, before puberty or, in females, after the climacteric.

There are three principal varieties of acne vulgaris, viz: acne papulosa, acne pustulosa and acne artificialis. These are all the forms to which the many varieties of acne, formerly described, may be reduced.

Acne papulosa is the variety that is the least developed and consists of small papules that are acuminated and often miliary. The individual papules run a short course, but are constantly

3. Diseases of the Skin, 2d. Ed. 1881, p. 250.

reappearing, so that the patient can never claim total immunity. This is the form that most closely resembles acne rosacea but can be readily distinguished from it because the inflammation of the skin is not so diffuse and the papules do not tend to group together in so great a degree. This variety—acne papulosa—is found more often upon the face and is more common in young persons than in adults. It frequently happens that the opening of the gland receives a deposit of foreign substances, such as dirt or becomes prominent as a whitish dot, from the plug of sebum contrasting with the red hue of the papule and in such cases it has been denominated *acne punctata*. This condition must not be confounded with comedo, which it closely resembles. The fact, however, that in comedo, there is no inflammation of the adjacent tissues, no suppuration of the papules and no pain whatever, will be sufficient to distinguish between the two. Comedo is often present in acne and will, as a rule, yield to whatever treatment may prove efficient in the latter; or, if it persist can be attended to separately and generally with success.

Acne pustulosa is by far the most common variety and that which causes the most inconvenience, and, on whose account, aid is most frequently sought. It is the typical form of acne vulgaris and consists of papules varying in size from a pin-head to a split pea or becoming even larger, at times. The papules are either acuminated or rounded and always suppurate. The point of the papule becomes of a deep yellowish tinge, showing the presence of pus, and then it may spontaneously discharge its contents, or a retrograde process is taken on and it simply dries up. Both courses occur pretty frequently, the former being often followed by consequences which are anything but agreeable to the subject. This is due to the burrowing of the pus which leaves a depressed scar or pit much resembling that caused by a small-pox pustule. On the other hand, many suppurate quite freely without ever leaving a mark to show their former presence.

When the pustule dries and the scab separates, it shows its former presence in the form of a macule which persists for some time. The pustule, when fully developed, generally has a thickening about the base which is more or less well marked, being caused by the exudation of inflammatory products. When this induration at the base is very marked, the disorder is called *acne indurata*. This hardening is sometimes the most prominent fea-

ture and then there is no suppuration, but the formation of infiltrated tubercles which are very displeasing to the sight and annoy the patients very much.

There are two results, affecting the sebaceous gland, which follow this variety of acne. They are atrophy of the tissues about the wall of the gland forming a pit-like depression; and hypertrophy of the connective tissue. The former is more common than the latter, at least so I have found.

Acne artificialis is the third variety and is so called from the mode in which it is produced, rather than from anatomical appearance. Some soaps, coal-tar and other similar irritants applied to the skin will produce it; also, the internal use of certain drugs, which manifest their constitutional effects, among other ways, by an acneiform eruption. Bromine and iodine are very apt to produce acne which is easily distinguished from the other varieties both on account of of its etiology and the greater rapidity of its evolution. It is sometimes the case that acne artificialis is of so severe a nature that it involves the destruction of the glands themselves, in the suppurative process which takes place.

This is, sometimes, also the case in acne pustulosa but is not common. The consideration of acne artificialis will not be taken up, since it is not of the same importance as the other varieties; and, besides, the etiology being known, the treatment of this form is of the simplest and need not even be mentioned, its proper place being in the class of medicinal eruptions.

ETIOLOGY.—This is perhaps the most difficult part connected with the subject with the exception of the treatment. The Vienna school or that of Hebra, contends that the disease is a purely local one, owing its origin to local causes. The French school, or that of Alibert, on the other hand, contends that it is a constitutional disease and that its causes are constitutional or such as effect the whole economy. The American school, if I may be permitted to designate one, recognizes both local and general disturbances as potent factors and thus has attempted to reconcile the two extremes.

The causes which give rise to acne are varied and numerous Acne has been called a disease of youth and this is probably because it is so frequently noted at the approach of puberty. At this period the whole body is undergoing a change and the sebaceous glands participate in the general excitment. In the

majority of instances, this change causes a revolution in the cutaneous system and an eruption of acne makes its appearance. Masturbation has been noted by some as an exciting cause. Local causes are many, any irritant to the skin being liable to induce an acne wherever sebaceous glands exist.

The persons most generally affected are the light haired ones their skin being more tender and, as a rule, not as well nourished as that belonging to persons of a dark complexion. The scrofulous are very liable to acne and when it occurs in them it almost invariably becomes chronic and exhibits such a character that it has been named *chachectic acne*. It is of the pustular variety. Similar to this condition are some occuring not infrequently as causes and which are sometimes overlooked when a critical examination is not made. These are anæmia and chlorosis, two conditions which are quite often concerned in bringing about functional disturbances of the sebaceous glands.

The most prolific source of acne is without doubt derangements of the alimentary canal. It will be found, upon examination, that nearly all cases of acne vulgaris are accompanied by some disturbance of the gastro-intestinal mucous membrane. Disturbances of the stomach such as dyspepsia, may act as fruitful sources and a careful examination of the condition of the viscus should be made. Indigestion is another cause no less important, than the last. The most important, because the most common, is constipation. This I have always met with in cases of acne and it is generally of an intractable character not easily overcome and with tendencies to recur again and again. Nearly all authors are agreed upon the great importance constipation holds as an etiological factor in the production of acne; and, when it is attributed to other causes, it will frequently be found as an accompanying condition and deserves marked attention as these derangements of the bowels are by no means as insignificant as they might be held.

In females, there is a series of affections which exert an influence that is of the highest importance, and which it would be the height of neglect to overlook. It is on this account that, in women, the manifestations of acne may occur at any time between the period of puberty and that of the menopause, in other words, during active uterine life. The disturbances, that the uterus is subject to, are regarded as causes of acne among these being such difficultly relieved conditions as dys-

menorrhœa, amenorrhœa, flexions, endocervicitis, metritis chronica and a number of chronic affections with which women are afflicted and which drive them to fill the gynæcologist's ante-room.

There are other diseases which, though not so often observed in connection with acne vulgaris, still occasionally act as exciting causes of the eruption. These are renal disorders. In the majority of cases, the original lesion is of so serious a character that but little attention is paid to disorders of comparatively so little importance as acne; but if carefully observed, it will be found that, as the kidney trouble improves, so does the eruption. This is the more readily explained when we consider the vicarious relations the kidneys and the skin hold to each other and how easily affected either may be when forced to assume a part of the duties properly belonging to the other.

It may be stated, in general terms, that any cause which tends to disturb any important excretory organ or the ecomomy at large, will find, at once, a reflex in the skin, the result being some lesion of the organ, and not infrequently manifested in the form of acne.

Again, cases are found in which acne is apparent, and yet examination does not reveal any disordered or diseased condition either general or local. These are, by no means rare; and it may not be improbable, as held by some, that the vasomotor nerves, of the vessels connected with the sebaceous glands or with the skin itself, are not in a normal condition, or, at least are not performing their functions in a proper manner and, by this means, aid any ordinary irritant in quickly bringing about the condition which gives rise to acne.

At the meeting of the French Association for the Advancement of Science, held at Reims, in 1880, Dr. Gentilhomme[4] held that acne facialis, in certain cases, has for principal cause the presence of a parasite—the demodex folliculorum—in the sebaceous glands. The destruction of this parasite, he says, is immediately followed by the disappearance of the pustular eruption and redness of the skin. Its total extirpation is possible, but can only be obtained after very long and careful treatment. The survival of a few parasites or the escape from

4. *Gazette des Hôpitaux*, No. 106. 1880.

destruction of some ova, explain the facility with which a relapse occurs after an apparant cure.

This is a revival of a doctrine formerly held and which has been long since rejected, because the parasite mentioned may be found in any of the sebaceous glands of healthy persons, if carefully looked for, and is not always found in acne papules and pustules. It has been pronounced entirely innocuous,[5] and the theory has been here given for what it is worth.

Formerly, it also was thought that a diet containing a large amount of fatty matter was an exciting cause, but this opinion has been largely abandoned from the, fact that when totally abstained from, no improvement is noticeable, and also, because many, who were subject to the disease, did not consume more than an ordinary amount of fats. Moreover, many patients far from being injured or having the eruption aggravated, actually improve and the symptoms subside upon a regular ingestion of cod-liver oil. So that fats may be considered out of the question as etiological factors in this affection.

Prognosis.—The prognosis in this disease depends upon a variety of circumstances—the age of the patient, the cause and the condition of the affection. In the young, it is invariably good as the tendency of the affection is to recovery; the causes are more susceptible of amelioration and the course of the disease is, as a rule, of a more acute character. In middle age and later, the prognosis is good if the acne retains the chief characteristics it has in youth; it is generally very obstinate and requires a much longer time, for treatment and relapses are more frequent and take place more easily. It not infrequently assumes a chronic form or the condition upon which it is dependent may be of such a chronic or intractable character that but a slight amelioration may be expected.

When acne is dependent upon the advent of puberty, its tendency is to get well spontaneously as the functions become more set tled and the increased activity of the sebaceous glands subsides to the normal that is to be retained in afterlife. Upon the whole, the prognosis in this disease is far from being satisfactory.

Pathology.—Although the disease is said to be of reflex

5. Wilson. Diseases of the Skin, 1863, *et al.*

origin[6], the local manifestation originates in the gland itself. There is a deficient innervation, the result of which is that there is a retention of secretion. The plug of sebum is retained in the duct of the gland and soon acts as a foreign body. This induces hyperæmia and blood-stasis and the resulting pressure forces an exudation into the surrounding tissues, especially about the walls of the duct. The connective tissue about the gland soon becomes infiltrated, cells become caught caught in its meshes and a more or less acute inflammation is taking its rise. Duhring[7] says that this inflammation results, sooner or later in suppuration, but cases are seen in which this is not apparent; and, if it does take place it is in the corium and resolution takes place before it can manifest itself. The truth of this can be demonstrated by deeply incising papules when a very small amount of pus will be found at the point of the knife. In other cases, however, this cannot be found at all and the inference is that there is no suppuration, but rather that a retrograde action takes place, through the excitement which has been offered to the nerves controlling the blood-supply of the parts involved, by the pressure exercised by the infiltration.

The usual course is for pus to form and the pustule discharges itself, being followed by a gradual subsidence of the inflammatory condition of the gland, which resumes its normal functions for a time when, the nervous influence diminishing again, a repetition of the process takes place.

The amount of inflammation and its intensity determine the varieties of acne and also its anatomical characteristics, such as induration or hypertrophy. If the exudation is large and is not sufficient to procure a reaction of the nervous influence, either one of the two conditions named may follow, the former being the more frequent in occurrence and generally giving rise to the latter.

TREATMENT.—The treatment of Acne may be divided into two parts, the one as essential, perhaps, as the other. They are the constitutional and general and the local or special; and in each one of these, the greatest care on the part of the physician and patience on that of the patient are to be observed, as

6. Piffard Materia Medica and Therapeutics of the Skin. 1881.
7. *loc. cit.*

many good remedies may be fairly and conscientiously tried before an impression is made.

Constitutional treatment is to be directed on general principles and as good a therapeusis as possible should be carried out. Where there is a vitiated state of the system it ought to be corrected. Where constipation exists it should be carefully looked after. Saline laxatives should be given with an occasional small dose of calomel or blue mass and mineral waters should be taben before dinner. Among these are the Ofner Racoczy, Friederichschall, Hunjadi Janos, and many others whose aperient properties are well known. Duhring[8] recommends the following:

℞ Magnesiæ Sulphatis.....ℨjss.
Ferri Sulphatis.....gr xvj.
Acidi Sulphurici dilut.....ℨij.
Aquæ destillati.....ℨviij.
M. Ft. Sol.
Sig. A tablespoonful in a goblet of water two or three times a day.

Should the patient be anæmic or scroufulous, cod-liver oil and good tonic treatment are indicated. Mineral acids especially are good. When iron is given, it should be done sparingly as it is reported by some to excite an eruption of acne; the same may be said of bromide of potassium which is sometimes given as an anaphrodisiac, and iodide of iron as an antiscrofulous which when pushed, often produce the mischief it was intended to repair.

Arsenic was for a time supposed to exert almost a specific influence over acne; but, at present, it is not employed so extensively. It is found of service, at times, in the treatment of the indolent papular form or where the papules are imperfectly developed and is to be given as a tonic in doses of one to three drops of Fowler's Solution two or three times a day after meals.

Gubler, of Paris, and Bulkley, of New York, have highly lauded the treatment of acne punctata and comedo by the internal administration of glycerine in tablesoonful doses three times a day. This method has been tried by others, but they deny its good effects, Taylor laying stress upon the fact of his failure to obtain any success.

Another remedy especially directed to this affection is one not long since re-introduced to the profession by Ringer and

8. *loc. cit.*

others. It is sulphide of calcium, which is to be taken in doses of one-tenth to one-half of a grain four times daily. Its chief value is in the suppurative form. as it seems to have a tendancy to arrest suppuration, making it a valuable remedy in furunculosis. It may do good in acne where there are large pustules forming, but it should be carefnlly watched as W. T. Alexander[9] has lately recorded cases in which the drug produced exactly the effect which it was intended to combat but as the author suggests it may merely be due to personal idiosyncrasy.

Diet and hygiene are two very important factors in the general treatment not only of acne, but of all diseases of the skin whether constitutional or local. Good air, good water, good food, exercise both mental and moral should not be withheld.

Drs. Satterlee and Piffard[10] have employed electricity in acne. It would, I think, prove of service in those cases of apparent good health in which the eruption seems referable to some defect in nerve power or in the lessened nerve stimulation. The Faradic current is used, the positive pole being placed at the nape of the neck and the negative pole to the affected parts. This operation is to last some ten or fifteen minutes and is to be repeated every second on third day. There can be no doubt that this method is a good one as it stimulates the nerves of the skin and tends to bring about a normal state in regard to the functions of the sebaceous glands.

The importance of general tratment cannot be insisted upon too much as it plays a large part in the management and cure of that most troublesome and pesistent affection—acne vulgaris.

Local Treatment is of the most varied character, being in the main either stimulating or soothing. The mainstay and sheet-anchor in acne is, beyond doubt, sulphur and its preparations. Erasmus Wilson is credited as being the first to propose sulphur lotion as an application in acne punctata and it is yet regarded as of the highest importance. It is the remedy which is, after all, the safest and most reliable. It is to be used in the form of an ointment or lotion in the proportion of one-half to one drachm to the ounce. The following are the formulæ of three excellent lotions, each one said to be reliable:

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9. Archives of Dermatology, Vol. VIII, No. 1.
10. *loc. cit.*

℞ Sulphuris loti.....ʒi.
Etheris.....ʒvj.
Alcoholis.....ʒiijss.
M.
Sig. Apply as a lotion. (Bulkley.)

℞ Sulphuris precip.
Potassii bicarb.
Aquæ laurocerasi.
Alcoholis aa ʒj.
M.
Sig. Apply as a lotion. (Hebra.)

℞ Sulphuris precip.....ʒij.
Pulv. Camphorae.....gr. x.
Pulv. tragacanth.....ʒj.
Aquae calcis
Aquae rosae.....aa ʒij.
M.
Sig. Use as a lotion. (Kummerfeld.)

Duhring recommends an unguent to be rubbed in at night which is also useful; it is as follows:

℞ Sulphuris precip.....ʒi.
Glycerine puriss.....ʒss.
Adipis benz.....ʒj.
Ol. rosae.....gtt iij.
M.

James Gage Persons[11] recommends the use of precipitated sulphur in its dry state. It is,to be applied to the face with an ordinary powder puff as face powder is, and, by the addition of a few drops of some essential oil, it makes a good cosmetic. He claims that this is the most rapid in its action. I have employed this method and am well pleased with it, both on account of its efficacy and the favor it finds with patients.

In many indolent cases a stimulating course of treatment will be necessary and washing with sapo viridis with thorough friction of the skin will be found of benefit. The following is also a good stimulant application; take of sapo viridis, alcohol and rose-water, each one part. If not sufficiently strong take of the soap two parts and of alcohol one.

In acne punctata Hillairet[12] recommends touching the points of the papules with tincture of iodine or of cantharides and as a milder stimulant washing with a solution containing water,

11. *British Medical Journal.*
12. *Progrès Médical No. 37, 1880.*

250 parts; borax, 10 to 15; and sulphuric ether 8 to 15. When the skin again becomes normal in its action modify the secretions by means of astringent lotions.

Sulphuret of Potassium is a good local application in a strength of five to twenty-five grains to the ounce. It is particularly serviceable in the papular form. Prof. Hardy, of Paris, combines it as follows:

℞ Potassii Sulphuret.
Tinct. benzoin..... .....aa gr. viij.
Aquae rosae.....℥j.
M.
Sig. Apply night and morning.

Where very active stimulation is required the biniodide of mercury has also been highly spoken of in the strength of five to ten grains to the ounce. Corrosive sublimate is a great favorite with some but it is uncertain in its action. It is given in the strength of one-eighth to one grain to the ounce and its best vehicle is an emulsion of almonds.

Neumann recommends mercurial plaster applied on cloths, during the night, for severe cases of indurated acne.

Hutchinson, Morris,[12] Liveing,[13] and other English authors greatly recommend a method which consists in taking a glass rod, dipping it in a solution of acid nitrate of mercury and lightly touching the summits of the pustules, care being taken to use blotting paper to absorb the excess of remedy. No matter how carefully done, it may result in leaving scars much worse looking than the pustules and, on that account, it is not in very great favor.

Besides, we have other local means which are more purely mechanical, or rather surgical in character. The glands should have their contents squeezed out in order to relieve their walls from pressure and the best method of doing this is by means of a comedone extractor.

In sluggish papules accompanied by comedones the dermal curette is of great value, as it brings on a healthy inflammation of the tissues to replace the chronic infiltration. In acute acne indurata scarifications should be made freely and hot water applied to promote the bleeding and relieve the engorgement. This establishes a tendency to resolution.

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12. Skin Diseases, 1880.
13. Diagnosis and Treatment of Skin Diseases, 1879.

When the pustules are large, or when there is a suspicion of pus in a papule, the proper treatment is to cut them open so as to give free exit to the contained pus. If there be a superficial distension of the blood-vessels, it is not only proper but imperative to cut open the papules so as to relieve the vessels. The proper dressings are then to be applied. Where the papules remain miliary they should be opened with a milium needle.

You will find, no doubt, that I have omitted many remedies and methods, but the local measures, in this affection are so numerous and varied that in would be well-nigh impossible for me to enumerate all of them. I have endeavored to give the principal ones.

The following are some of the substances used in the local treatment of acne: Carbolic acid, aconite, chloride of antimony, lemon juice, collodion, chloride of iron, peroxide of iron, cyanide of mercury, potassa, chlorate of potash, borax, talc, iodide of potassium, ammoniated mercury, albuminate of mercury, oil of cade, vaseline, chrysophanic and a host of others.

The treatment depends upon the observation of the physician who must determine whether stimulating or soothing treatment is to be employed and in either case he will only have *l'embarras de richesse*. The surgical methods to be used should never be forgotten, as they are by far the most satisfactory in their results.

DISCUSSION.

Dr. Dickinson.—I remember seeing Dr. Durkee of Boston apply some nitric acid immediately removing the surplus with a piece of blotting paper as was suggested by the doctor this evening.

Dr. Barret.—There is one local remedy omitted in the paper of the doctor which I regard as an important one, and judging from my limited experience in the matter, it seems to me it is much more valuable than any that has been mentioned, unless it be sulphur, the beneficial effects of which are recognized by all practitioners, and that is the local application to the face of hot vapor. I have treated some very chronic cases

successfully by the application of steam to the face. I have never failed to have marked improvement under this method of treatment. Of course, I have not been able to perfect a cure in all cases. The gentlemen can well understand how it should act beneficially whether we accept the theory that the trouble is purely local or take the other view; as we all know the local application of heat and moisture has a decided influence in allaying local inflammation. It stimulates the sympathetic system and contracts the bloodvessels and drives the blood out of the part, just as hot water which is used in gynæcological practice, or a poultice which is used on inflamed surfaces does. When the poultice has been applied to an inflamed surface we find the surface very much whiter and blanched, deprived of its blood, because, the heat and moisture contract the bloodvessels and drive the blood from the part, so in this trouble the application of heat and moisture acts as a poultice and first allays the irritability and relieves the inflammation. I have also had decidedly good results from the use of sulphide of lime but I used it in larger doses than has been suggested by the doctor. I generally use two grain doses three or four times a day and have never observed any ill effects from the remedy in those doses; in fact I think it might safely be given in larger doses still.

DR. JOHNSTON.—I would ask Dr. Dean whether he thinks the parasite is the cause or the consequence of the disease?

DR. DEAN.—I mean to be understood as saying that there is an almost endless number of causes of acne. It is a disease of the sebaceous glands and of course anything that produces a disease of those glands, whether it is constitutional, or external, may cause acne. If you take a little girl six or seven years old, the face is still perfectly smooth, at seven years you may find a few and by and by as the glands begin to fill we find they become more numerous.

DR. JOHNSTON.—Is this parasite ever found in the healthy sebaceous matter?

DR. DEAN.—I think it is found in the majority—6 or 7 out of every 9 healthy grown persons. It is not found in the new born infant, and not usually found in children of considerable years.

Dr. Johnston.—The paper read this evening is an admirable one of the history and the etiology of the disease, but the therapeutics must convince us that our scientific knowledge of the cause of acne is still very meagre, and no better evidence need be presented to the human mind than when a doctor goes forth to cure a disease with some 40 or 50 remedies. He gives his remedy and if it hits the patient the patient goes down, and if it hits the disease, the disease goes down. This seems to be the condition of the medical profession in regard to a number of skin diseases. I asked Dr. Dean if this parasite is found in the healthy sebaceous glane and he says yes, but not in the infant. The glands in children are not sufficiently developed to secrete this matter, and therefore if the food upon which the parasite is to live is not it can not appear; and if it is found in the healthy gland, then we can not come to the conclusion that it is of the cause acne.

Saturday April 22nd. 1882.

Metal Spray Producers.

Dr. Rumbold.—I wish to present for the inspection of the society a metal spray producer which I have recently had made. Most of the members know that since 1866 I have used a glass spray-producer in treating nasal catarrh. During the past few months I have been using metal spray producers, which are equally effective in making applications, and much more durable.

A full set consists of eight instruments: one, throwing a horizontal stream; another, at an angle of 45 degrees upward and backward; another one, that throws a vertical stream; another one, that produces a stream at 45 degrees upward and forward; and another one, that throws a stream a little more elevated than the horizontal stream. These are employed to treat the pharynx, pharyngo-nasal and nasal cavities. The remaining three other instruments are used to treat the larynx: one of them throws a stream downward and backward; one, throws a stream directly downward and the other one throws a stream downward and forward at an angle of 45 degrees. These instruments enable one to apply atomized medicines to every portion of the surface of the nasal and naso-pharyngeal cavities;

so as to clear away the muco-purulent secretion and make the application to the cleaned diseased surfaces.

I prefer the glass instruments, as I can see the medicines, and as I can make them to throw a coarse or fine spray very easily; but the metal instruments are much more durable and likely to become much more popular with the profession.

My spray producers have been used somewhat extensively in various large cities of late years. I have had orders for them from the cities of London, Paris, Vienna, Berlin, Strasburg, Milan and Rome.

I use no brush, no sponge, nor do I use applications of nitrate of silver or caustic. I cannot use the preparations of iron. Everything that I do use has no corroding effect on this metal instrument and is mixed with vaseline.

DR. JOHNSTON.—Do you use carbolic acid?

DR. RUMBOLD.—Yes a very little, so small a quantity that it produces no anæsthetic effect. I have not used the nitrate of silver for many years.

DR. JOHNSTON.—How do you use the vaseline?

DR. RUMBOLD.—I liquify it by heating. It liquifies at about 89° F. A proper temperature to make the instrument is something like 110° F. The vaseline cools in passing through the instrument so that it will be about 100° to 101°, which is very pleasant to the throat, and nasal passages; this is the proper temperature for cleansing the surfaces. Cold sprays will not cleanse.

Throat Cases.

DR. A. GREEN.—As there is nothing before the society I will relate a case. I was called to a patient who was complaining about his throat, and I thought he had diphtheria; although I had some doubt about it. A few days afterward the man felt a little better and came to my office. I examined him and then I saw that it was rather a superficial mortification of the mucous membrane than diphtheria, in fact I can't give it any name. It began a little back of the posterior arches and went as far as the anterior arches; then it was not only the epithelium but the whole mucosa. The inflammation went further and further in spite of all I could do, I used nitrate of silver first, 5–10–20 grains to the ounce; I used quinine, inasmuch as I conceived

it to be of a septic nature, I afterwards used chloride of zinc, 20 grains to the ounce. He commenced to get better and so continued until the whole process ceased. This was the first case of the kind that I had seen. Then lately I had another case in which the inflammation extended from the posterior arches down to the epiglottis. The epiglottis was swollen and it was not possible to get a look at the condition of things. This was a very stubborn case. After a while the swelling of the epiglottis went down and the inflammation subsided. I succeeded at last with the chloride of zinc in this case also. This was a curious case. After the patient recovered a good deal he complained of pain about the site of the glosso epiglottic ligament, and after one side got well the other got troublesome. I suppose it was something of a septic nature although it didn't result in ulceration.

Congenital Cataract

Dr. Dickinson.—The society will remember that last year Dr. Williams related several cases of cataract existing in one family; and I will state that during the week I was called to Illnois to operate on a case of this kind in a gentleman 45 years of age, and I was informed that the same trouble had existed in the case of a brother of his who was over 60 years of age and two other members of the family, brother and sister. The mother of these two brothers and the grandfather also were effected with this trouble. As yet none of the children of this generation have been affected with it.

Dr. Johnston.—I read the other day that Dr. Williams stated that strabismus is hereditary. It struck me as being a little singular I saw it reported in the *Clinical Record* a few days ago. I would like to hear the experience of the oculists present on the subject.

Dr. Williams.—That is news to me Mr. President. I didn't state that it was hereditary; and if the doctor will examine the article I think he will find that I said that the predisposition is hereditary, not the the disease itself. We all know that strabismus is dependent for its producing cause on farsightedness, and this farsightedness is hereditary. I didn't say that strabismus itself was hereditary.

DR. JOHNSTON.—I would like to hear the experience of the President on that point.

DR. DICKINSON.—It has not been my experience that strabismus is hereditary. I remember having seen two children who had strabismus one single the other double, they were members of the same family, and none of the other members of the family so far as I could learn were so affected, and so far as known none of the ancestors. I should not regard it as hereditary.

DR. JOHNSTON.—Do you think its predisposing cause is presbyopia?

DR. DICKINSON.—Presbyopia does produce it unquestionably.

DR. WILLIAMS.—Is that hereditary?

DR. DICKINSON.—Very frequently.

Case of Diphtheria.

DR. JOHNSTON.—Some ten days ago I was called to 27th. and Gamble Sts. to see a little girl about eight years old who had been sick some ten days. A very intelligent young physician had been called in and examined the child carefully and come to the conclusion that it was what is called ulcerative sore throat; he scarified one of the tonsils which bled a little; told the mother to give a mild mercurial purgative; ordered a solution of nitrate of silver perhaps about two grains to the ounce as a local application; and gave quinine. This physician told me there was no great excitement or fever. The child was able to sit up at one time and it was not considered dangerous; but for a couple of days it didn't get along very well and the mother becoming uneasy sent for me.

Upon examining the child carefully, I found that the temperature of the feet and hands was somewhat below the normal. I looked into the mouth and saw that the tonsils were swollen a little, not much, there was no follicular inflammation, but the fauces had rather a dark appearance. Without thinking I said to the mother: This is a dangerous case of diphtheria. And so it proved. I didn't change the prescription, but kept up the use of quinine, and occasionally mopped the throat out with weak solution of nitrate of silver. I also gave citrate of iron and quinine every two or three hours. I took the

temperature about ten or eleven oclock in the morning and found that it was about 97° and in the afternoon about 97°. 5, all the time below the normal temperature. Three or four days before death the child had epistaxis; and tincture of chloride of iron was used to check the oozing. It was the adynamic form of diphtheria with a rapid destruction of the corpuscles of the blood. I made no microscopic examination of the blood, but I have no doubt that if it had been examined it would have been found filled with bacteria. Another physician was called in and suggested that the citrate of iron be changed to the muriated tincture to which I had no objection. So far as I could see our remedies did not avail anything, and I came to the conclusion that the destructive process going on in the red corpuscles of the blood, was such that it would not produce sufficient heat to keep the system up to the normal standard of temperature. I would like to know what has been the experience of the gentlemen in regard to whether it is more dangerous for the temperature to fall below the normal than it is to go above it. Very few cases of this disease that have come under my observation, in which the temperature has fallen below the normal, have lived. It seems that the blood is in such a condition that the treatment cannot be brought to bear, so that we can get a normal standard of blood corpuscles.

I want to say I have no confidence whatever in the use of local astringents and so on as applied in catarrh. My friend Dr. Rumbold is a skillful man, but great men sometimes go off into side issues. He says he uses nothing but vaseline in the treatment of catarrh. I was convinced some years ago that the local application of such remedies as astringents etc. was futile and in four cases out of five did more harm than good in children. And why? Because this local disease is only the manifestation of the general disease which exhibits itself here.

Dr. Green.—I didn't hear all of Dr. Johnston's remarks, but I want to make a few remarks on the use of local applications in diphtheria. I think they do more harm than good. If we understand the physiological process, that is going on in diphtheria we must come to that conclusion. In diphtheria there is an infitration of the tissues, the whole mucosa, perhaps, and part of the submucous tissue. The infiltration is of such a nature that the capillaries of the part are compressed and the

nutrition is cut off, so that the part is dead. Although there may be no false membrane, there is dead matter. When we see the parient the mischief has already been done. Now what is the danger? The danger is that the system will become infected with the morbid material. There lies all the danger. If you take off what is called the false membrane, it will soon reappear again; if you take it away again it will reappear again; if you leave it alone and it goes away, it will not re-appear in the same place again. If the part is examined we will find that there are little fibres of living matter that keep the dead substance connected with the living and if we wait until the separation occurs there is no harm to the system; but if we use local applications we stimulate the system to take up this dead matter and therein lies the danger. Now the right thing to do is to keep up the vitality of the system and trust that the poison will be thrown off. I don't use these local applications such as nitrate of silver and so on.

Dry Cough from Reflex Irritation.

DR. WILLIAMS.—It seems that some of the members have a prejudice against nitrate of silver; but I must confess that I am a friend to it, and I will refer to two cases simply to show what I mean by a proper use of nitrate of silver. Some time ago I was treating a young lady from Frenchtown; she had strabismus for which I operated, and during the time that I was treating her she became affected with an excessive dry cough for which she was treated for some time by her family physician. She took medicine until she was sick and tired and still didn't get rid of her cough. She occasionally came to the office after the operation and during one of these visits she told me about the cough, and that she couldn't sleep at night. She was going to school and she said she annoyed the whole school. She never raised anything; it was a perfectly dry cough. I suggested to her the propriety of using a strong solution of nitrate of silver on her throat. She consented at once and I dipped a swab into a 30 grain solution of nitrate of silver, pressed the tongue down and swabbed the neighborhood of the epiglottis quite freely. The result was that she slept the following night and had no more trouble from the cough. For several days she returned each day and I repeated the application, making three or four applications altogether. Another young lady had otorrhœa and

came to me for treatment for that trouble from Springfield, Ills. She was troubled a good deal with this same dry cough, and would cough all night so that it was impossible to sleep, and during the violent paroxysms of coughing, she would lose her voice for some seconds. I told her the history of the other case and suggested that possibly it would relieve her. She consented to the operation that I had performed in the other case and it completely relieved her cough. That is what I call a proper use of nitrate of silver; and when it is properly used it is certainly a valuable remedy. Whatever the nature of the trouble was, the two young ladies were completely relieved. I must say therefore that I am a friend of nitrate of silver when it is properly used.

Dr. A. Green.—Did you perceive any inflammation in the throat?

Dr. Williams.—I didn't see anything at all.

Dr. A. Green.—Did you examine the larynx with the laryngoscope.

Dr. Williams.—No, sir. I will say that the cough indicated that there was probably a local irritation of the larynx and both cases got well very quickly. Both of them had been under the treatment of physicians for several weeks before.

Dr. Rumbold.—I would like to ask the doctor if he has had any more cases of the same kind?

Dr. Williams.—Not in my own hands. I have seen some in the hands of others and that is where I got my idea.

Dr. Rumbold.—I have had such cases frequently. I recollect one patient who came from Mississippi to be treated for otorrhea and I passed a Wild's speculum into the ear to examine it, when he commenced to cough, and the cough was so severe as to resemble whooping cough. He coughed fully fifteen seconds and when he recovered I undertook to make another examination of the same ear but so soon as I put the speculum in the meatus, the spasmodic cough again commenced; he also became aphonic for a short time. He told me that he often coughed so hard as to lose his voice simply by putting the tip of his little finger into the meatus on account of the itching. I would like to have Dr. Williams' opinion on this case.

Dr. Williams.—That was reflex irritation. Nitrate of silver

would have no effect on it. I will say in regard to the first of those cases—that in which I operated for strabismus—there could have have been no reflex irritation; of course, we all know that irritation of the external meatus will excite coughing; that is a very common thing. I would like to know if the relief of the otorrhœa cured the spasmodic coughing?

DR. RUMBOLD.—Yes, sir; it did completely. I have had many cases of this dry cough, in whom there was no apparent irritation, no inflammation of the larynx. I suppose in those cases of Dr. Williams there was an excessive flow of mucuous, and that the nitrate of silver remedied that. Warm salt water snuffed into the nostrils and out of the throat would have had the same effect.

DR. A. GREEN.—What good could it do to apply the nitrate of silver to the epiglottis, if the cough was not produced by some anatomical lesion?

DR. WILLIAMS.—It was a counter-irritant. I do not explain the action of the nitrate of silver.

DR. STEVENS.—I would like to ask the gentlemen if they have ever tried the effect of the will in these cases. For a number of years I have been in the habit when I had a patient with a dry cough to instruct the patient to stop coughing through the will and in many cases the patients could cure themselves without the use of any remedy. A great many of these cases are merely habit, and in those cases, the will is a potent agent in the cure.

DR. RUMBOLD.—It is very true, as Dr. Stevens has said that the patient can greatly assist in the cure of this kind of cough by enduring the tickling sensation that induces the cough. I tell my patients to count the number of coughs in a given time and try to reduce this number day by day. I have a little girl now under my care who has such a cough; she coughs to relieve a sensation in the nose; she feels impelled to blow her nose and cough at the same time. I have instructed her to try to decrease the number of nose blowings and nose coughs each day, and she is succeeding in her efforts.

DR. WILLIAMS.—I will say that in one of the cases I mentioned the patient coughed in her sleep. I don't think the will could effect much in that case.

Article VIII.

MISSOURI STATE MEDICAL ASSOCIATION.

Twenty-fifth Annual Meeting, held at Brittingham Hall Hannibal, Mo., May 16–17–18, 1882.

First Day, Tuesday, May 16, 1882.—Evening Session.

Railroad Surgery. By Dr. J. W. Trader, of Sedalia.

Long before the days of railroads or of railroad surgery we had similar injuries which were treated upon general principles. I can hardly expect to present anything new.

As a class, railroad injuries obtain a gravity not unusual in others; for example, fractures in which the soft tissues are also involved, not as in a compound fracture, but compound and comminuted. The feet, hands, arms and legs furnish the bulk of cases requiring surgical interference. When the trunk is involved they are either beyond all treatment or so trivial as not to need it. There is another point in common with other injuries.

The French surgeons were the first to introduce *operations de complaisance*, and they have gained quite a notoriety. Injuries of the soft parts may be restored without further surgical interference, but with the bones it is different.

Where the vessels and nerves are intact much may be depended upon them and nature will be adequate to effect a cure. No matter how bad the injuries may appear, if we have a complete system of vessels and nerves, no ablation will be necessary. The hands, in this respect, can stand severer injuries than the feet.

However, a better way of impressing these things upon your minds, will be by the presentation of hypothetical cases. Suppose that you are called to a recent railroad wreck; we are naturally led to believe that you will meet cases of serious railroad injuries.

Case I.—The patient is found lying prone upon a mattress,

not in very great pain. A general pallor of the surface is observed; the eyes are restless and wandering. The first question is to see the tongue, it is blanched. Next the finger is laid upon the pulse, which is found to be weak and fluttering. The seat of injury is looked after and found to be the lower third of the leg, which is of a bluish, cyanosed appearance. The first impression is that there is a simple fracture, if the physician be inexperienced. But hold the foot firmly and gently, rotate the leg and squeeze the foot, and you will see and feel, at once, that you are dealing with a comminuted fracture. There is no laceration of skin, but a complete destruction of the soft parts. The only resort in this is amputation.

CASE II.—The patient is found writhing in pain. The pulse is strong and bounding, and there is a fracture of the metatarsal bones and also of the lower third. To all appearances this is a case of greater gravity than the other, but it will yield better results.

CASE III.—The patient is in great agony; the pulse is feeble. There is great pain in the back and thighs and no apparent lesion. The patient cannotmake water. Upon introducing a catheter bloody urine is drawn off; there is pain in the abdomen. There is here fracture of the pelvis or rupture of the bladder.

CASE IV.—The patient is insensible; there is an oozing of blood from the ears. The pulse is compressed and slow. There is compression and concussion of the brain, perhaps fracture of the base of the skull. Let him alone; he will get well if the doctors only keep away.

In Case I. there will be uneasiness after the lapse of an hour. Loosen all the articles of clothing and administer pure chloroform from a towel cone, taking care to produce no shock. Use the chloroform alone and not too fast; it is the safest and best anæsthetic. As soon as the patient is insensible apply the tourniquet. Commence the stricture above the seat of injury. The next in order is amputation. This being performed, next is the dressing. Discard all binding appliances. I place upon these, cheese cloth saturated with carbolized water, and immerse the limbs in the same at a temperature of 90° F. This is the Lister mode theoretically. Sponge everything with the solution and there will be asepsis.

In regard to medication, be cautious with morphine as it may oppress the heart.

In Case II. there is a different set of indications to meet. Excitement runs high after shock. Dress the foot in the same way as the stump of an amputation, give a hypodermic injection of morphia, (grs. ½) and let the patient rest.

In Case III. of severe internal injury, you may give morphia with caution.

In Case IV. I told you keep the doctors away. When the surgeon informs the patient's friends that only quiet and a half ounce of water must be given and refuses to accede to the clamor of the friends, he is superseded by three or four doctors who succeed in effectually quieting the patient.

The cases I have detailed are not imaginary ones but constitute an epitome of what generally occurs. Conservative surgery has no better field than in such injuries. Never operate unless there exist an absolute necessity for doing so.

DISCUSSION.

Dr. Potter, of Cameron.—I wish to speak concerning where the limb should be taken off. In a case three years ago, I assisted in taking it off. We followed the doctor's advice and took it off near the injury. Before amputating we noticed a few bruised spots. The young man was hearty and strong and things went on splendidly until the third day, when we found the skin, fat and fascia inflamed and not erysipelatous but reddened and it sloughed off entirely six inches below the point of amputation. All that region was bruised. We had a great deal of trouble to save the limb and had to resort to skin grafting for three months, and it made a grand success. The question I wish to ask is this: Is it best to leave the bruised spots out of consideration or amputation above the parts injured if there is a slight appearance of injury?

Dr. Trader.—I said, cut as near as possible to the injury to obtain a good flap. You must be governed by the extent of the injury.

Dr. C. F. Clayton, of Hannibal.—One of the best indications of the point where the amputation is to be made is the character of the flesh itself, that is, in case of a contusion or the application of a force to crush or mash the limb which will effect all the

tissues much beyond the absolute mark made by the force applied.

For example, during the building of the M. K. & T. R. R., a young man, aged 22 to 23, of a stout build, superintended about a pile-driver. The immense weight—1800 pounds—of the machine was ascending slowly. As it was ascending he was adjusting a plank to the top of the pile to protect it. A hook or something became detached and the weight fell upon his hand obliquely at the wrist. It was crushed into a shapeless mass. Dr. Lamb and myself were sent for; the injury apparantly extended no further than the end of the ulna, but upon close examination the flesh and tendons were affected much beyond. We elected to amputate further up and selected a point where the flesh was uninjured. We amputated and in three weeks he was in town and about. I think the proper means is to judge by the character of the flesh contiguous to the wound itself.

DR. SMITH, of Frankfort.—I wish to speak of the amount of sloughing in a contused wound and more especially where there is laceration. Sometimes a part remains attached to the "draw-head" and the tendons are extended some distance. May not the paralysis of the extremity of the nerve effect portions far above and produce a want of circulation about the stump? We frequently find, to all appearances, only a spot which looks as if it could be readily treated, and let it go, on that account. We find from that, that there is a want of circulation and gangrene supervening. Might it not occur from paralysis of the nerves?

DR. VAUGHAN, of Glasgow.—I am glad to see the ground the Doctor takes in regard to chloroform as an anæsthetic. I have had some experience with it and with ether. I prefer chloroform for this reason among others, that it produces a more satisfactory state of anæsthesia, and patients recover more quickly from the sickness.

In January I was invited to Dr. Gunn's Clinic, in Chicago, and saw ether given to a female with a cancerous breast. In the middle of the operation, the woman recovered, bounded from the table and fought the whole company.

DR. SIMMONS, of St. Joseph.—I like the paper very much, for its good, straightforward, practical, common-sense suggestions and thoughts. One of the thoughts is, that modern surgery, in its multitudinous necessities, has been divided, into specialties,

and the essay shows that this is right and that it is right to discuss it in such an association as this. Railroad like other surgery, I apprehend, may be conservative, aggressive and destructive. It is eminently conservative in taking care of an injury; but, it also ought to be preventive. In regard to chloroform, I am entirely in accord with the essayist, it is incomparably better than any other anæsthetic.

In regard to amputations near the site of injury it is prudent always to go above it far enough to get into the healthy tissues, and more so in railroad injuries than in others. So, I think the practical rule, to save as much as possible of the injured part, may be deviated from properly in these injuries.

In regard to the treatment, the cases mentioned are apt and illustrate splendidly the principles they involve. He could not enter into the details; but as far as he went, it was good with the single criticism I wish to make. After seeing a great deal used I am honestly of the opinion that carbolic acid is an irritating rather than a conservative agent.

For example, I believe that the male and female exist in regard to cells, as well as men and animals, and they thus multiply and repair and that the strictly albuminous fluid that is formed should not be washed away by aqueous solutions. I am well satisfied that, notwithstanding the injuries done by railroads, poultices and aqueous solutions have done more harm. I think that this albuminous fluid should rather be conserved than destroyed.

Dr. Torrey, of Hannibal.—I agree with Dr. Trader and fully concur in the views expressed by him.

Dr. W. F. Peck, of Davenport, Iowa.—I am much interested in the paper because I have been concerned in such injuries. In the first place, I do not believe that railroad injuries differ in pathology or degree from those inflicted by other kinds of machinery. I think it unfair to consider them specifically and distinctly because they occur on railroads. The treatment does not differ from that of injuries inflicted by machinery. The most difficult diseases to treat are those involving organs not easily approached.

In courts of justice we can see how pathology may be modified and distorted when money is at the other end.

I do not believe in shock, as such. We do not have traumatic injuries of the nervous system without signs that are defin-

ite. I do not believe in concussion. I believe in contusion of the brain and spinal cord even if the lesion be only microscopic. You all know how common it is for people to complain of the bladder, spine, etc. if they think they can get money by so doing.

Now, what are our means of seeing if there is such a condition? If a patient complain of a bladder trouble, we can see if there is. I remember on two occasions individuals received money because they became sterile and they have borne children subsequently.

The Doctor says that fracture of the skull should be let alone and it will get well. I believe it should be let alone, but it will not get well. There is contusion of the brain and probably meningitis which will doubtless prove fatal, as it does from such a cause.

I do not and cannot believe in using flaps. Cases, as a rule, if no marked depression of the nervous system exists, do better with the open treatment and there is less danger of septicæmia. I feel satisfied that I am right in giving full force to the statement that the open treatment is much better than the flap system. Oakum and drainage are more satisfactory than Listerism and flaps. By reason of the contusion we have foci which tend to set up a destructive action.

In regard to chloroform, I cannot speak of it as I have never used it.

DR. C. H. HUGHES, of St. Louis.—I am not now engaged in the practice of surgery, nevertheless, I have not lost my interest in the discussion of certain questions connected with the operative surgery of railroad injuries. It has occurred to me that there is a difference between shock and concussion. It had been my custom to regard shock as a suspension of molecular activity in the nervous system; while concussion may be regarded as a step further, a coarse lesion following. Now, the successful management of railroad injuries, from my standpoint of observation is that of the consequences, embracing shock and is as important to the result of the case as the operative procedures. That part of the paper, I would desire to commend, which refers to the importance of managing the consequences to the central nervous system. While, in many cases, there is no difference as compared with the other surgical affections, there is a momentum to be taken into account which adds to the

gravity and it is this part which interests one whose mind runs into neurologic channels.

In the management of shock, it is the natural impulse of the inexperienced man to suppose the patient in pain and to resort to the hypodermic syringe. But if the shock be severe, following grave concussion of the cerebro-spinal axis, the experienced surgeon seeks for evidence of vitality in the manifestations of pain and seeks for a return of normal central molecular activity, temporarily suspended, and will measure moderation in the use of any anodyne agent. From a neurologic standpoint, it occurs to me that the surgeon would desire, whilst fortifying the patient against the consequences of pain too intense, to permit some pain to remain to show that the normal molecular activity is reëstablished. While he would employ anæsthetics or morphia with caution, he would also be careful not to use them too soon and likewise not to employ them too late.

There are times when the normal limit of physical activity may be reached and passed, and when passed the surgeon is for restraining influences; chemical restraint on the nervous system of the destructive changes that may entail greater injury than the loss of the injured limb.

The effects of concussion of the cerebro-spinal axis are insignificant in the beginning, but often remotely dangerous, and seen by those not surgeons. I can concur, in part, with the observations of the last gentleman, without agreeing in *toto*.

Dr. Peck.—One word in explanation. The last gentleman can find pathological effects for the nervous system and it is physically evident and he simply believes there is only a molecular inactivity. It must then be necessarily pathological.

Dr. Hughes.—I protest against molecular inactivity being considered necessarily abnormal.

Dr. Trader.—In regard to amputation at the seat of injury. If you have a case of laceration or even complete destruction, amputate with scissors. In other cases apply the catlin and cut where blood will come. I believe in the open wound treatment. But apply a dressing with carbolic acid, one drachm to eight ounces of water; don't forget.

In reply to the gentleman from Iowa, I wish to state that long before the days of railroad surgery these injuries were treated on general principles.

Article IX.

AMERICAN MEDICAL ASSOCIATION.

THIRTY-THIRD ANNUAL SESSION, HELD AT ST. PAUL, MINN., JUNE 6, 7, 8 AND 9, 1882.

First Day.—Tuesday, June 6.—Morning Session.

The general meeting was held at the Opera House and the session was opened by Dr. Stone, chairman of the committee of arrangements who was followed by Bishop Ireland who offered a prayer. Dr. Stone and Gen. Hubbard made addresses of welcome, Dr. Hooper presiding.

Protests from various States were read and followed by the report of the committee of arrangements.

The Vice-President, Dr. P. O. Hooper delivered the address, in lieu of Dr. J. J. Woodward, U. S. A., who is in Europe in failing health. At the conclusion of the address various letters of regret were read.

Dr. N. S. Davis presented a set of resolutions in regard to the temperance cause, which were referred.

Afternoon Session.—Meetings of Sections.

Practice of Medicine.—Dr. J. A. Octerlony, of Louisville, the chairman presided.

The secretary read a paper by Dr. Hilgard Tyndate, of New York, on Home Treatment of Pulmonary Consumption by General and Local Antisepsis on the basis of strict Individualization.

Dr. J. N. Shoemaker, of Philadelphia, read a paper on the Therapeutic Action of Chlorate of Potassium, which was discussed at some length.

Dr. Campbell, of Georgia, made a report relative to narcotic poisoning which also elicited discussion.

Anatomy and Surgery.—Dr. Wm. A. Byrd, of Quincy, was elected chairman *pro tem.* of the section and the first paper read was by Dr. Carl Seiler, of Philadelphia, on the Uses of Electricity in Surgery.

The chairman read the paper of Dr. Hill of Bloomington, Ills. on Gastrotomy for the Relief of Intestinal Obstruction due to the Invagination of the Ilium within the Cæcum. After the discussion Dr. C. F. Gay, of Buffalo, read a paper on Anchylosis of the Hip. The next paper was read by the chairman being on the Radical Cure of Hernia, by Dr. J. H. Warren, of Boston.

OPTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.—Dr. Wm. Porter, of St. Louis, read a paper on Recurrent Pharyngeal Hemorrhage, which was followed by what the president called an "experience meeting," various subjects being informally discussed.

OBSTETRICS AND GYNÆCOLOGY.—Dr. N. H. Granger, of East Boston, read an essay on the Mechanical Treatment of Delivery from the Superior Strait, which created a lively discussion. Dr. Murphy then addressed the section on the Cervix Uteri after Emmett's Operation and its effect upon Subsequent Gestation and Delivery; this aroused but little discussion and was followed by the paper of Dr. Beverley Cole, of San Francisco, on the Forceps and their Use, a new forceps and speculum being exhibited.

STATE MEDICINE.—After a discussion on a resolution forwarded by the Indiana State Medical Association, Dr. John G. Lee, of Philadelphia, read on Suicide in the City and County of Philadelphia during the past Decade.

DENTISTRY.—A publication committee was appointed and after this Dr. WM. D. Kempton, of Cincinnati, presented a paper on Oral Hygiene; after being discussed the section adjourned.

DISEASES OF CHILDREN.—There was no meeting of the section on account of want of attendance.

SECOND DAY,—Wednesday, June 7.—MORNING SESSION.

The Association was called to order by Acting President, P. O. Hooper, of Little Rock, Ark. Prayer was offered by Rev. D. R. Bread, of St. Paul.

The committee of arrangements made some announcements and was followed by the announcement of the committee on nominations.

Dr. J. H. Packard, of Philadelphia, submitted the report of journalizing the transactions, which is quite lengthy and elabo-

rate and recommends, among other things, a salary of $6,000 per year for the editor and his assistants. Also that the name be the Journal of the American Medical Association, the terms to be $5.00 per annum for members and $6.00 for outside subscribers. Also, that as central a location as possible be chosen for its *locale*. The report was favorably received and its discussion deferred to the next morning.

The amendment relative to allowing permanent members, not delegates, to vote, was voted down by an overwhelming majority.

A resolution of Dr. Chas. Denison, of Denver, repudiating the term "allopath" was referred to the committee.

Dr J. A. Octerlony, of Louisville, read an address, on the Practice of Medicine, which was well received.

The judicial council made a report, among other things, refusing to admit delegates from the New York State Medical Society. The report was received with cheers.

The last paper was by Dr. H. O. Marcy, of Boston, on Uterine Tumors, the author using a large solar microscope to illustrate it and made it highly entertaining.

AFTERNOON SESSION.—Sections.

PRACTICE OF MEDICINE.—Dr. J. C. Tucker, of San Francisco, presented in behalf of professor Gibbon, of the same city, a paper on the Astringent Plants of the Pacific Coast; referred.

Dr. John V. Shoemaker, of Philadelphia, read on the Treatment of Syphilis by Subcutaneous Injections. After considerable discussion, the section adjourned.

ANATOMY AND SURGERY.—Dr. Wm. A. Byrd announced that he had received from Dr. Ephraim Cutter, of New York, a paper on Bi-fractured Patella, together with a plaster Paris cast of the knee; referred.

The chairman read for Dr. Stone, a paper on Fracture of the Elbow Joint, showing a Splint. Dr. Geo. W. Nesbitt, of Sycamore, Ill., read a paper on Ununited Fracture of the Femur treated by Exercise. After quite a long discussion and some important matters had been disposed of, Dr. McLean, of Ann Arbor, exhibited a case brought to his notice by Dr. H. M. Wheeler, of Grand Forks, D. T. It was an orbital aneurism the size of a hen's egg, stating that six years previously an

operation had been fruitless. After discussing the case the section adjourned.

CHILDREN'S DISEASES—Dr. Lee, the secretary, took the chair and Dr. N. S. Davis, of Chicago, read the first paper on Serous Diarrhœas and Cholera Morbus in Infants. This was discussed very shortly. Dr. Lee next read a Few Observations on Rickets, which after being discussed concluded the work of the section for the afternoon.

OBSTETRICS AND GYNÆCOLOGY—Dr. Nelson, of Chicago, read a paper on Special Pathological Conditions of the Cervix Uteri. The discussion was animated until Dr. Beatty, of Rome, Ga., at the request of the chairman, gave an account of the year's progress in ovariotomy, and was followed by Dr. Cole, of San Francisco, on the same subject.

STATE MEDICINE.—Expert Testimony was freely discussed, the resolution of Dr. Hughes, of St. Louis, that experts be summoned by the courts, and not by counsel on either side being unanimously passed.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.—There were no papers presented. The communication of Dr. B. Joy Jeffries, relative to approval of petition to congres for uniform standard for color blindness, was referred to a committee.

Dr Calhoun, of Atlanta, Ga., related a case of vaccination on the eye. Some other members presented instruments and after some informal discusssion the section adjourned.

DENTISTRY.—Dr. J. S. Marshall, of Syracuse, N. Y., read a paper of the Need of Dental Surgeons in the Army and Navy. After the discussion this paper elicited, a resolution was passed empowering a committee of three to make efforts in the direction indicated by the paper. Another resolution prevailed calling for the appointment of a committee to consider the subject of food, in its relation to the development of the different tissues and organs of the body.

THIRD DAY.—Thursday, June 8.—MORNING SESSION.

The Acting President called the Association to order and was followed by Rev. M.N. Gilbert in prayer.

The Committee of Arrangements made a report which was

followed by that of the Committee on Nominations which is as follows:

President.—Dr. Jno. L. Atlee, Philadelphia.

Vice-Presidents.—Drs. Eugene Grissom, N. C.; A. J. Stone, Minn.; J. A. Octerlony, Ky.; and H. S. Orme, Cal.

Treasurer.—Dr. R. J. Dunglison, Philadelphia.

Librarian.—Dr. Wm. Lee, Washington.

Judicial Council.—Drs. N. S. Davis, Ill.; J. M. Brown, U. S. N.; X. C. Scott, Ohio; M. Sexton, Ind.; N. C. Husted, N. Y.; Wm. Lee, Md.; and J. E. Rives, W. Va.

Officers of Sections:

Practice of Medicine.—Dr. J. H. Hollister, Ills. chairman; Dr. J. G. Lee, Pa. sec'ty.

Obstetrics.—Dr. J. K. Bartlett, Wis, chairman; Dr. G. A. Moses, Mo., Sec'ty.

Medical Jurisprudence and State Medicine.—Dr. F. Pratt, Mich., chairman; Dr. T. L. Neal, Ohio., sec'ty.

Oph halmology, Otology and Laryngology. Dr. A. W. Calhoun, Ga., chairman; Dr. Carl Seiler, Pa., sec'ty.

Diseases of Children.—Dr. R. Blount, Ind., chairman; Dr. J. H. Sears, Tex., sec'ty.

Dentistry.—Dr. D. H. Goodwillie, N. Y., chairman; T. W. Brophy, Ills., sec'ty.

The committee announced that Cleveland had been selected as the place of meeting for the next year.

A committee was appointed to consider in regard to journalizing the transactions.

A number of resolutions were introduced and followed by the committee on necrology.

Dr. Wm. A. Byrd, of Quincy, read his address on Excisions of Portions of the Alimentary Canal covered by Peritoneum.

Dr. A. L. Gihon, U. S. N., next made an address on State Medicine.

The judicial council's report followed and the morning's session terminated with Dr. N.S. Davis' report of the work performed by the committee on meteorological records.

AFTERNOON SESSION.—Sections.

PRACTICE OF MEDICINE.—Dr. M. Donelly read a paper on Salycilate of Potassa and its use in Acute Rheumatism and Dyspepsia, which was thoroughly discusssed.

After a vote of thanks had been tendered to the officers of the section an adjournment prevailed.

ANATOMY AND SURGERY.—The first paper was by Dr. Jos. Ranoshoff, of Cincinnati, on Contributions to the Surgery of the Liver. Dr. E. Andrews, of Chicago, followed with the Proper Points for Incision in the Drainage of Suppurating Knee Joints. The former of these papers was then discussed until adjournment

OBSTETRICS AND GYNÆCOLOGY. — Dr. Marcey read for Dr. J. Warren, of Boston, a paper descriptive of a curette for the removal of uterine tumors. Dr. D. Prince, of Jacksonville, Ills., exhibited a self stiching needle and was followed by Dr. Dunster of Ann Arbor, who read upon Ovariotomy during Peritonitis. Is it justifiable? After discussing this, Dr. Campbell, of Georgia, read a paper on Gravel and Impacted Retroversion of the Uterus A paper on the Gynesic Value of the Genu-Pectoral Posture by Dr. W. W. Potter, of Buffalo, was discussed at some length and followed by a paper on a New Uterine Repositor by Dr. Gerts, of Illinois.

STATE MEDICINE.—Mrs. Hunt, of Boston, spoke of the introduction of temperance text-books in the schools. This elicited a lively discussion.

Dr. Hughes, of St. Louis, read a paper on the Rights of the Insane. And the section, after passing another resolution, adjourned.

DENTISTRY.—Dr. E. S. Talbot, of Chicago, read on the Injurious Effects of Mercury as used in Dentistry. How Dentists should be Educated was treated of by Dr. W. W. Allport, of Chicago. The session closed with the reading of a paper on Medico-Dental Science by Dr. J. B. Lawrence, of New York.

FOURTH DAY.—Friday, June 9. MORNING SESSION.

The exercises opened with prayer by Rev. E. D. Neill.

The committee of arrangements made announcements and was followed by the Librarian's report in which he recommended a donation of $50 to the *Index Medicus*. The report was accepted.

The treasurer reported a balance in the treasury of $1141.38.

The committee on publication also made a report.

A resolution in regard to expert testimony, in substance the same as stated above, was adopted.

A number of resolutions of no especial importance were made and adopted.

The secretary was ordered paid $1.000 subject to the condition of the treasury.

A number of amendments to the constitution were made and lie over for one year.

A motion of Dr. N. S. Davis, that every second meeting be held in Washington was adopted.

The committee on nomination presented a revised list, the following being the changes:

LIBRARIAN.—Dr. C. H.A. Kleinschmidt, Washington.

CHAIRMAN COMMITTEE OF ARRANGEMENTS.—Dr. X. C. Scott, Cleveland.

ASSISTANT SECRETARY.—Dr. I. N. Hines, Cleveland.

ANATOMY AND SURGERY.—Dr. W. F. Peck, Iowa, chairman, Paul F. Eve, Tennessee, Secty.

The amended list was unanimously accepted.

Various resolutions of thanks were offered and adopted and followed by the address on Dentistry by Dr. D. H. Goodwillie; of New York. The president elect Dr. John L. Atlee, was escorted to the platform by Dr. N. S. Davis, and made a short address which was well received.

Article X.

The Will County Medical Society, (Illinois.)

A meeting of this Society was held at the office of Dr. Chas. Richards, Joliet, Ill., May 27, 1882.

Officers and Members: President, Dr. John R. Casey. Secretary, Dr. Romaine J. Curtiss.

Board of Censors:—Dr. D. J. Merriman; Dr. Romaine J. Curtiss; Dr. Wm. Richards.

Membership:—E. R. Willard, M. D., Chas H. Bacon, M. D., H. W. Alexander, M. D., J. H. Folk, M. D., T. H. McBride, M. D., D. J. Merriman, M. D., W. E. Fraser, M. D., Chas Richards, M. D., Henry LeCaron, M. D., Geo. C. Raynor, M. D., Wm. Dougall, M. D., L. C. Mitchell, M. D., Henry Folk, M. D., Romaine J. Curtiss, M. D., Z. E. Patrick, M. D., D. W. Jump, M. D., John R. Casey, M, D., John Benton Taxis, M. D., Andrew J. Miles, M. D., Wm. M. Richards, M. D., John W. Coombs, M. D., M. W. Kelley, M. D., F. W. Werner, M. D.

In the order of business the society proceeded to elect officers which resulted in the choice of Dr. Chas Richards for president, Dr. R. Curtiss for secretary, Drs. Alexander, Werner and Richards as board of Censors.

Drs. Wm. Dougall, H. W. Alexander and F. W. Werner were elected delegates to the American Medical Association.

A motion was made by Dr. Curtiss, which was carried, that the delegates be instructed to oppose the admission of the delegates of the New York State Medical Society by the American Medical Aperciation on account of the "New Code of Ethics" of that Society.

Romaine J. Curtiss, M. D.
Secretary.

THE SOUTH EAST MISSOURI MEDICAL ASSOCIATION ON THE DEATH OF PROF. JOHN T. HODGEN.

WHEREAS: It has come to the knowledge of this Association that Dr. Jno. T. Hodgen of St. Louis, Mo., has deen suddenly stricken down by death, and,

WHEREAS: In his demise, the Medical Profession loses one of its brightest ornaments, science, one of its ablest investigators, and the country one of its best citizens, and,

WHEREAS: Many of the members of this Association remember with pleasure and feelings of love and kindness, his valuable counsel and cheering words, when departing from their alma mater to assume the responsible duties of professional life, therefore,

Resolved: That the character and ability of Dr. Hodgen, as a model physician, surgeon, and instructor in the science of medicine is worthy of the imitation and emulation of all medical men.

Resolved: That the pinnacle of fame on which he rested, the many honors that were conferred upon him, and the many laurels with which he was crowned during life, were richly merited on account of the many, almost insuperable barriers, which, by his untiring energy and perseverence he surmounted in early life—never pausing in his rapid march till he mingled with those who are highest up the Hill of Science.

Resolved: That the memory of the grand achievements of his masterly intellect, the kindness of his sympathetic and charitable nature,and the arduous and praiseworthy work which his willing hands daily accomplished, shall be indelibly written upon the pages of history beside those of other great minds that have passed on before.

Resolved: That we deeply deplore his untimely death and mingle our tears with those of his bereaved family, and that we hereby extend to them our heartfelt sympathies in this their hour of bereavement.

Resolved: That a copy of these resolvtions be transmitted by

the secretary to the family of the diseased, to the St. Louis Medical and Surgical Journal and to the St. Louis *Courier of Medicine*.

A. E. Simpson,
Geo. W. Vinyard, } Committee.
P. R. Williams,

Marble Hill, Mo., May 3, 1882.

The following resolutions in regard to Dr. Hodgen were passed by the Illinois State Medical Society.

Quincy, Ill., May 17, 1882.

Whereas: the fact of the sudden and untimely death of Prof. John T. Hodgen, M. D.,of St. Louis,Mo., has been communicated to the Illinois State Medical Society, now in session at this place, therefore,

Resolved: That in the death of so distinguished a surgeon as Dr. Hodgen was universally admitted to be, having an enviable reputation both at home and abroad, this society recognizes in his death that the medical profession has lost one of its most eminent members.

Resolved: that this resolution be made a part of the record of this society, and that a copy of it be sent to his family.

Correspondence.

Article XI.

Examination Papers of Illinois State Board of Health of April 13, 1882.

Editors Journal:

Accompanying this please find the schedules of questions used at the last annual examination of candidates for certificates of practice by the Illinois State Board of Health (Chicago April 13–15, 1882,) and to which questions 80 per cent. of correct answers are required.

The numerous inquiries, both within and without the State, as to the scope and character of these examinations indicate that the publication of the questions may be timely and useful.

It should be noted that, after the session of 1882–83, candidates will be required to undergo an examination in the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy.

Very respectfully,

John H. Rauch, M. D., Secretary.

Examination in Anatomy.—By W. A. Haskell, M. D.

1. Name the bones of the carpus. 2. With what bones does the sphenoid articulate? 3. Describe a vertebra. 4. Describe the ligaments of the hip joint. 5. Name and describe the pronator muscles of the forearm. 6. Give the relations of the femoral artery and vein. 7. Describe the thoracic duct. 8. Give the distribution of the median nerve. 9. Where is Wharton's duct? 10. Describe the liver.

Examination in Surgery.—By W. A. Haskell, M. D.

1. Define inflammation. 2. What is the difference between ulceration and mortification?—between caries and necrosis? 3. What is a tumor? 4. Give illustrations of a benign, and of a malignant, tumor. 5. Give the treatment of mammary abscess. 6. Explain the *modus operandi* of reduction of the iliac dislocation of the head of the femur, by manipulation. 7. Give the differential diagnosis of compression and concus-

sion of the brain. 8. Give the differential diagnosis of inguinal hernia and hydrocele of the cord. 9. Give the diagnosis of morbus coxarius—(a) During the first stage before the occurrence of effusion. (b) During the stage of effusion—the capsule of the joint remaining entire. 10. Give the general treatment of fractures of the lower extremities.

Examination in General Pathology.—By R. Ludlam, M. D.

1. Give a definition of disease. 2. What is the difference between a predisposing and an exciting cause of disease? 3. Name the means employed in physical diagnosis. 4. What is meant by "a qualified prognosis"? 5. What forms of inflammation are reparative? 6. How would you recognize the cancerous cachexia? 7. What diseases are incident to the hemorrhagic diathesis? 8. In what diseases do we often find albumen in the urine? 9. What form of erysipelas is inoculable? 10. Why do attacks of pelvic and portal congestion frequently alternate with each other?

Examination in Gynæcology.—By R. Ludlam, M. D.

1. What are the uses of the uterine sound? 2. What diseases are accompanied by an increased depth of the womb? 3. In constipation, with or without hemorrhoids, which ovary is most frequently inflamed, and why? 4. What intra-pelvic inflammation is most frequently rheumatic? 5. What diseases are followed by fixity, or anchorage of the uterus? 6. Name the most frequent cause of menorrhagia in women who have had one or more children. 7. Define a menstrual headache, and give the treatment for it. 8. What are the sources of puerperal traumatism, and what are the most serious lesions that may result from it? 9. In a lying-in patient, how would you distinguish a physiological from a pathological chill? 10. When are mammary abscesses salutary?

Examination in Obstetrics.—By A. L. Clark, M. D.

1. Define obstetrics. 2. How can you differentiate pregnancy from ovarian tumor or cyst? 3. At what period or stage of labor is there the greatest danger to the mother, and what is the danger? 4. Give the contra-indications to the use of ergot. 5. Under what circumstances should version be performed? 6. Will the mother's blood pass out from the umbilical cord unless this be tied before being cut? 7. Give diagnosis and treatment of puerperal eclampsia. 8. Give diagnosis and treatment of hydrocephalus of the infant during parturition. 9. What is the shape of the posterior fontanelle?

10. Give the treatment for prolapse of the funis umbilicalis.

Examination in Chemistry.—By A. L. Clark, M. D.

1. What is meant by a qualitative, and what by a quantitative, analysis? 2. How would you test water for organic impurities? 3. Is hard or soft water most liable to contamination by passage through or standing in lead pipes, and why? 4. How would you test a suspected water for salts of lead in solution? 5. Give the names and symbols for ten elementary substances. 6. Name substances with which it is incompatible to unite KI in prescriptions. 7. What chemical elements are contained in pure grape sugar not found in cane sugar? 8. What liquid is the most universal solvent? 9. What is the difference between analysis and synthesis? 10. What precautions are necessary in handling chloroform in the presence of flame or fire?

Examination in Physiology.—By John McNeal, M. D.

1. What is the action of saliva in digestion, and what are its chemical constituents? 2. Describe the digestion of starch and of fats. 3. Give the source and the use of animal heat. 4. How is gastric juice formed, and what is its composition? 5. Explain the secretion of bile, its composition and use. 6. Explain the physiology of sleep. 7. Describe the fœtal circulation. 8. What nerves are directly concerned in the act of respiration? 9. Describe the circulation of blood in the fœtal heart. 10. What causes the sounds of the heart?

Examination in the Practice of Medicine.—By John McNeal, M. D.

1. What are the symptoms of variola, and its treatment? 2. How would you diagnose variola from varicella? 3. Give etiology, pathology and treatment of cholera infantum. 4. What is hysteria, and its treatment? 5. Give etiology, pathology and treatment of epilepsy. 6. Give diagnosis and treatment of eczema squamosum. 7. Give pathology, causes and treatment of typho-malarial fever. 8. Give differential diagnosis of diphtheria, and its treatment. 9. Give symptoms and treatment of leucocythæmia, and its treatment. 10. Give symptoms and treatment of acute idiopathic erysipelas.

Examination in Materia Medica and Therapeutics.—By J. H. Rauch, M. D.

1. Classify remedial agents, broadly, by their actions and uses. 2. Name some of the principal agents in each class. 3. Name the principal urino-genital remedies, and write five prescriptions, embracing a different one in each. Give the indications to be met by each prescription. 4. What alteratives,

emetics and cathartics are indigenous in Illinois? 5. Give the sources, active principles, two or more officinal preparations and uses of (a) camphor; (b) ergot; (c) nux vomica; (d) opium; (e) physostigma. 6. Describe the therapeutic uses of the bromides, and write prescriptions for each of three of them, with indications. 7. Mention some of the most important recent additions to the materia medica, with their uses. 8. Give the therapeutic uses and applications of *aqua fluvialis* or *fontana*. 9. Mention the different officinal preparations of antimony. 10. Give the doses of (a) ammonii phosphas; (b) iodoformum; (c) strychniæ sulphas; (d) acidum boracicum; (e) extr. belladonnæ alc.; (f) atropiæ sulphas; (g) resina podophylli; (h) tr. aconiti rad.; (i) extr. gelsemii fld.; (k) acidum hydrocyanicum dilutum.

Examination in Hygiene.—By J. H. Rauch, M. D.

1. Give the prophylaxis of small-pox, and the measures to prevent its spread on the appearance of the first case. 2. To what extent should vaccination be made compulsory in the United States, and why? 3. What is "ground-water," and what is its agency on health? 4. Describe the principal disinfectants, their applications and modes of use. 5. Formulate a set of rules for school hygiene. 6. What is "sewer-gas," and what evils are ascribed to it? 7. Give the differential diagnosis, for sanitary purposes, of (a) scarlatina; (b) rubeola; (c) varicella; (d) variola; (e) febris flava; (f) cholera Asiatica; (g) trichniasis. 8. Describe vaccination and its progress through the different stages; the effects ascribed to it; its complications; and the ages at, or conditions under, which it should be repeated. 9. What are the chief causes of an excessive mortality, and their remedies? 10. Describe Pasteur's recent experiments.

Examination in Medical Jurisprudence.—By J. H. Rauch, M. D.

1. At what age is the fœtus viable, and what are the signs and indications of such age? 2. What precautions—other than for the safety of the subject—would you observe in the exhibition of an anæsthetic, and why? 3. How would you determine whether lesions, injuries or discolorations, found on a cadaver, were produced before or after death? 4. What is the course of procedure in the commitment of persons in an insane asylum in this State? 5. Has the registration of vital statistics any legal bearing, and, if so, what?

Periscope.

Article XII.

TOXICOLOGY.

A Case of Transient Poisoning from the Instillation of a few Drops of Atropia into a healthy Ear Canal.—Dr. H. Knapp, records the following case in *Archives of Otology:*

Mrs. J. L., æt. 25, a healthy lady of New York, consulted me Nov. 14, 1881, on account of pain in and especially below her right ear, from which she had suffered, more or less, for two years. I found her hearing normal, her right drum-head slightly pinkish, the bright spot divided, after inflation normal; mild catarrhal pharyngitis. The left ear normal. The pain of which she complained being quite out of proportion to the symptoms of aural catarrh, I ordered, besides chlorate of potash for the naso-pharynx, a half-per-cent solution of sulphate of atropia warm to be instilled into the ear two or three times daily, since this remedy has of late years been favorably spoken of as alleviating pain in the ear. On the evening of the 14th of October she put a few drops of the warmed solution into the ear. The pain diminished, and she had no unplesant symptoms from the remedy The next day, at 8 A. M., she dropped four drops of the same solution in, and put some wadding into the canal. The pain subsided, and she felt well until 12½ P. M. when her hands and fingers began to swell and became stiff, her face was scarlet, her eyes swollen, her throat excessively dry, her tongue thick, her lower lip swelled and hung down, her heart beat violently, and she felt intensely hot. Cold water gave her no relief. These symptoms grew steadily worse until 5 P. M., when they began to abate, and at 6 P. M., she felt well again. When she came to me the next morning, I found her *in statu quo ante.* As the atropia seemed to have relieved her otalgia, I told her to dilute the atropine solution, and instill two drops when she felt worse. This was done, and had no poisonous effect. The pain gradually disappeared.

Her physician informed me that on other occasions he had also noticed her unusual susceptibility for atropia. In the instance related above the absorption of the drug must have taken place through the healthy skin, probably the sudoriferous glands, as there was no ulcer, not even an excoriation, in the walls of the ear canal.

PATHOLOGY.

IS THE OVARIAN CELL PATHOGNOMONIC?—The accurate diagnosis of ovarian tumor is of vital importance, as mistakes are by no means rare, even among our most skillfull diagnosticians.

In the *American Journal of the Medical Sciences* for April, 1882, Dr. W. A. EDWARDS published an account of some researches made in the Pathological Laboratory of the University of Pennsylvania, bearing on the value of the ovarian cell as a diagnostic point, from which he concludes:—

1. The ovarian cell is not diagnostic of the ovarian tumor.

2. We may have a fluid from an ovarian tumor entirely devoid of the ovarian cell.

3. On the other, hand we may have an abdominal fluid which is not ovarian, presenting the cell in great abundance.

4. With the present state of our knowledge, the accurate microscopical diagnosis of ovarian dropsy is impossible; the most distinguished ovariotomists always make their first incision an exploratory one.

THE ANATOMY, PHYSIOLOGY, AND PATHOLOGY OF THE BLOOD-CORPUSCLES.—DR. ALEXANDER DUANE, of New York, concludes his article upon this subject in the April number of the "*New York Medical Journal and Obstetrical Review.*" The article as a whole embraces an historical and critical review of the part played by the corpuscular elements of the blood under normal and pathological conditions. For the red corpuscles the author proposes the term "erythrocytes." He thinds that Hewson's idea that these corpuscles are spherical sacs, containing a central globule of uncolored substance, although certainly false in the majority of cases, is not indefensible, the appearance of a central spot being due perhaps in some cases, as Arndt conjectures, to a residual granule, a relic of those that, according to the latter's hypothesis, once constituted the whole corpuscle. The criticism is suggested that the means employed by Hayem to demon-

strate his "hæmatoblasts" are just the ones that produce disintegration and decolorization of the corpuscles, resulting in appearances closely resembling what Hayem describes. Norris's colorless, biconcave, discoid forms seem open, Dr. Duane thinks to a similar objection. Malassez's modification of Gower's hæmatocytometer, does away with one source of inaccuracy in the use of the instrument, since the depth of the cell can always be adjusted to exactly 0.2 mm. The author differs with Obrastzow, Arndt, Norris, Flint, and others in the conviction that nucleation of the white corpuscles is a normal condition, and not attributable to post-mortem coagulation of granular "nuclear matter" —the chief reason for his dissent being that nucleated corpscules are observed in the vessels of living animals. The erythrocyte of the adult cannot be said to be capable, as a rule, of amœboid movement or of division, although such may be the case under morbid conditions. The remainder of the paper, which does not readily admit of a synopsis, includes a discussion of the formation and destruction of the corpuscular elements, the part taken by them in physiology, and a consideration of certain pathological conditions, notably anæmia, chlorosis, and leucocythæmia.

OPHTHALMOLOGY.

SYPHILITIC DISEASES OF THE LACHRYMAL APPARATUS.—Syphilitic lesions of the lachrymal gland, of the lachrymal caruncles and of the lachrymal passages—all, except the latter, of uncommon occurrence—are treated of by Dr. Charles S. Bull, Surgeon to the New York Eye and Ear Infirmary, in the *New York Medical Journal and Obstetrical Review* for April, 1882. Dr. Bull gives a concise summary of the meager literature of the subject, but his remarks are mostly from a clinical point of view. He alludes to a case of affection of the lachrymal gland in his own practice, in which the organ became inflamed in consequence of extension from an orbital periostitis. The entire contents of the orbit having been removed, to relieve the excessive pain, the gland was found generally enlarged, the hypertrophy being mainly due, however, to an increase of the connective-tissue elements rather than of the proper glandular structure. Two cases of gummy infiltration of the caruncles published by Dr. R. W. Taylor, being the first on record, are quoted in detail on account of their rarity. Osteo-periostitis gummosa of the

lachrymo-nasal canal has not been observed by the author, but Panas, Galezowski, and Larebière are quoted as mentioning its occurrence. Under the head of treatment, the following advice in regard to the inflammation of the sac is noteworthy: If the inflammatory action is severe, leading to the secretion of a glairy mucus or muco-pus, with a swelling over the seat of the sac, and there is good reason for suspecting a stricture of the duct, from whatever local cause, in the nose, do not resort to operative interference until internal medication has been tried faithfully. Ophthalmic surgeons are too prone to slit up the canaliculi and incise a stricture of the nasal duct in cases of syphilitic origin, deeming medical treatment useless in such cases, before even giving it a trial. The use of mercury here must be prompt, and its effect must be rapidly produced, or the disease may extend from the lining of the canal to the bony walls. An excellent method of administering mercury in these cases is to use two drachms of mercurial ointment by inunction upon the inner aspect of the arm or side of the chest, and at the same time give the mild chloride internally in small doses every hour or two, carefull watching for the first symptoms of the action of the drug. In many cases a beneficial effect will be observed on the third or fourth day, and then the mercury may be either entirely discontinued, or given in smaller doses at longer intervals. In many cases complete recovery follows such a course of treatment; all signs of inflammation and obstruction in the duct disappear, and its patency is restored without any incision or probing.

CENTRAL COLOUR-SCOTOMA.—In the *American Journal of the Medical Sciences* for April, 1882, Dr. JAMES L. MINOR shows, that while the way of testing for absolute colour-scotoma furnishes an accurate result, the method can be improved upon, while that described for partial colour-scotoma is open to the gravest error.

To obviate the central retinal exhaustion, which is taken account in the ordinary methods, and at the same time to furnish a means of comparison between the central and peripheral colour preception, he employs disks of coloured cardboard about 30 cm. in diameter, which are used as follows: The patient is directed to look at the centre of the coloured disk, and

if either an absolute or a partial scotoma exists it will be plainly mapped out upon the card, where the patient can himself trace the outlines. If neither the disc nor coloured cardboard of sufficient size be at hand, the two small bits of cardboard used in ordinary tests may be taken, and the acuteness of colour perception in various parts of the field of view compared by placing them, at the *same time*, in different positions, thus allowing a *simultaneous* comparison between them.

STRETCHING THE OPTIC NERVE.—Dr. Kümmell, of Hamburg, has stretched the optic nerve seven times in five cases. The eyesight had been partly or completely lost from atrophy of the optic nerves. The operation is done by making a slit in the lower and outer part of the conjunctiva near the cornea. A curved hooked is passed in and back, the optic nerve is caught and stretched, "not to strongly." Very slight symptoms followed the operation. In those cases where the blindness was not complete, there was some improvement.—[*Medical Record.*

THERAPEUTICS.

VACCINATION WITH BOVINE LYMPH.—Dr. John Morris has made some observations on this subject which are published in the *Maryland Medical Journal*, April, 1882. He reaches the following conclusions:

First. That the healthy heifer inoculated with pure, spontaneous cow pox, supplies a vaccine lymph which, when introduced into the human economy, produces all the symptoms to be found invaccination by human lymph, but in a more marked degree.

Second. That the protection afforded by vaccination with bovine lymph may be presumed to be fully equal to that obtained by human virus, but the fact cannot as yet be proved by statistics.

Third. That the dangers from human lymph are greatly exaggerated, and, if they exist at all, may have a counterpart in the animal economy.

Fourth. That cow pox, transmitted through heifers, is more active and more violent in its effects, than human virus, and if these evidences are a proof of the efficacy of the vaccination, it must afford a more perfect immunity from smallpox.

Fifth. That, by the use of bovine virus, we can at all times have an ample supply of fresh lymph, a consideration of much weight in the event of an epidemic.

Sixth. As human lymph produces its action on the system at an earlier period than bovine lymph, it would appear to be better to use it in those cases in which vaccination is employed as an abortive agent.

That further investigations are necessary to establish the true character of bovine lymph, and it is the duty of the profession to collect and publish all facts bearing on the subject.

CATHARTICS GIVEN HYPODERMICALLY.—Dr. G. Froumüller repeats a previous statement of his (*Memorabilien*, February, 1882) that the subcutaneous injection of Merck's aloin acts promptly and efficiently as a cathartic. He uses a solution of aloin in water (1–25). A passage from the bowels follows within three to five hours except in cases of obstinate constipation.

Solutions of extract of aloes are not efficient, as they are irritating locally. Concentrated decoction of senna leaves was tried by injection, but without favorable results.

Dr. Froumüller thinks the aloin injections will prove useful in cases of gastric catarrh or cancer; also in the insane and unconscious, and lymphspaces, and thus to help the removal of inflammatory products. It is said by Dr. Klein to diminish intraocular pressure and to relieve pain. It is therefore helpful in certain forms of glaucoma and of ciliary neuralgia.

It is contra-indicated in acute inflammations or where there is a great conjunctival or corneal sensitiveness.—[*Med. Record.*

PRATICE OF MEDICINE.

PRIMARY EPITHELIOMA OF THE TONSIL—Dr. D. Bryson Delevan, of New York, relates a case of primary epithelioma, of the tonsil, in the *New York Medical Journal and Obstetrical Review*, for April, 1882. Cancer of the pharynx, he remarks, although a somewhat rare affection, is one fraught with such serious results that no opportunity for investigating its nature or devising means for its relief should be lost. That the tonsil should be a favorite point of departure for malignant disease, seems not unnatural, when the anatomical position and structure of that organ are considered. The very qualities, however, which render

it liable to attack, afford, on the other hand, the greatest possible measure of hope for a favorable prognosis. For, if a diagnosis could be made before the disease had involved the surrounding tissues, the gland might, in most cases, be extirpated with comparative ease, and and by the natural passages, thus avoiding the formidable operation by external incision and the almost recurrence of the trouble. The paper concludes with a bibliography of the subject.

A CASE OF HÆMATEMESIS NEONATORUM.—Dr. Adam read a paper before the Victorian Association at Melbourne, from which we extract the following:

The case recorded below is chiefly interesting on account of its rarity:

On July 15, of the present year, Mrs. W. was confined of a female child. Regarding the labor there is nothing special to note, everything passing off satisfactorily.

In the course of the evening of the fourth day after delivery I was sent for to see the infant, and to my great astonishment, and I may add dismay, I found the child had been vomiting large quantities of blood.

Prior to this visit the infant was drowsy and disinclined to take the breast, but otherwise appeared healthy.

I examined the mother's nipples, but they were quite intact, and, indeed, the quantity of blood the infant vomited was sufficient to negative any suspicion of it coming from the mother's breasts.

At intervals the child had attacks of retching, ending with—and I am not exaggerating when I say—actually a gush of blood, after which the little patient would lie pallid and exhausted.

The vomiting consisted at first of a mixture of partially digested milk, bloody mucus, and blood clot; latterly the vomit seemed to be nearly all blood.

The stools at the beginning of the illness were of the ordinary appearance observed in an infant of that age, but on the second day they assumed a dark color, evidently due to the downward passage of blood.

This state of affairs continued, with varying severity, for three days, and the little patient died on the sixth day after delivery, in convulsions.

No post-mortem examination was allowed.

The treatment consisted in trying to allay the vomiting by cold compresses applied to the region of the stomach, and the administration of Bismuth; and to stop the hemorrhage by gallic acid and small doses of pulv. Ipecac Co.; nutrial enemata were also given.

I have named this dssease in contradistinction to a similar disease, intestinal hæmorrhage, because the hæmatemesis predominated; and, indeed, the stomach appeared to be the sole seat of lesion, for the melina was never great, and no pure blood was passed per rectum. Regarding the pathology of this disease I must confess total ignorance.—[*Australasian Med. Gaz.*

CRIMINAL LUNATICS.—Dr. August Voison the distinguished alienist physician of Paris, in a recent address suggests the following changes be made in the law governing lunatics. (These rules would be an improvement on the law in this country):

1. Every individaul who, having committed an offense or crime, shall be found to be insane can only leave the public or private asylum after a medico-legal inquiry ordered by the judicial authority. In all cases he will be detained in the asylum for a time at least equal to the penal detention to which he was condemned.

2. Every individual who has been confined in a lunatic asylum may in case of relapse be received into the same asylum on a physician's certificate, indorsed by the mayor or proper judicial officer.—[*Louisville Medical News.*

CONGENITAL TEETH.—Two small white spots were accidentally noticed on the lower jaw of a child, then twelve days old. The spots were supposed to be thrush. Four days later the mother complained that the child caused her great pain in the nipples while nursing. An examination of the mother's breasts did not show adequate cause. On looking into the child's mouth the two spots were found to be two sharp edged incisor teeth. They were removed, and appeared to be the right central and right lateral lower incisors.—[*Boston Medical and Surgical Journal.*

OBSTETRICS AND GYNECOLOGY.

LABOR COMPLICATED BY AN ENLARGED FŒTAL LIVER.—An unusual complication in labor occurred to day in the lying-in ward of Prof, Josef Spaeth, K. K., Allgemeines Krankenhaus. The patient was thirty-five years old amultipara, with no history of previous labor complications. The last pregnancy presented no features worthy of special notice. Yesterday she fell in labor at full term; the bag of waters ruptured early. The diagnosis of head presentation, second position, was easily made, and the heart of the fœtus was heard to beat regularly. Twenty-four hours later, after a tedious first-stage, the head was born. but the trunk did not follow. After waiting some minutes, the midwife called the resident accoucheur, Dr. E. Ehrendorfer, for assistance. Vaginal examination revealed the mouth of the uterus tightly encircling the thorax of the fœtus, while the uterus was tetanically contracted. After ineffectual attempts at extraction of the fœtus, the woman was chloroformed, when the spasmodic contraction at once ceased, and the fœtus was drawn out of the cavity of the uterusdead. The abdomen of the child was enormously distended by a slightly elastic tumor, occuping the position of the liver.

This tumor offered far more resistance to the maternal passages than the head. Upon the abdomen the liver was found to be immensely enlarged, occupying the greater portion of the abdominal cavity, and infiltrated with syphilitic gummata. The placenta, which came away naturally, presented to the naked eye no abnormal appearances.—[*Medical News.*

REMOVAL OF THE UTERUS IN OVARIOTOMY.—In the *New York Medical Journal and Obstetrical Review*, for March, 1882, Dr. Andrew F. Currier, House Surgeon to the Woman's Hospital, relates a case of removal of the uterus in connection with a multilocular ovarian cystoma, performed by Dr. T. Gaillard Thomas, and remarks that to remove a simple, free ovarian cyst is not a difficult operation, but that such tumors are not to be looked for in the majority of cases. From the record of more than fifty laparatomies performed at the Woman's Hospital during twelve working months, he finds only nine done for ovarian tumors unattached to surrounding viscera. In several of these, other serious complications were present. The adhesions in the remain-

ing cases were more or less firm, involving the necessary risks of hemorrhage, septicemia and peritonitis. Three out of the entire number held such intimate organic relations to the uterus as to call for the removal of that viscus. In one other case the uterus was removed on account of a growth developed from it. In others the portion of sac attached to the uterus was left. The ovariotomist should be prepared to take the bold step of removing the uterus when it is called for by such complications.

PROGRESS OF OBSTETRICAL SURGERY.—In the *American Journal of the Medical Sciences* for April, 1882, Dr. R. P. HARRIS continues the valuable statistical reports which he has been collecting on this subject. He reports five cases of Cæsarean section in the United States for 1880, in which three women and four children were saved; that is, 60 per cent. of the women and 80 per cent. of the children. During the same year Italy saved 4 Porro cases out of 11; Germany 2 out of 5; Austria 3 out of 3; and France 1 out of 2. The antiseptic management of Lister, the drainage-tube, the uterine suture, the cleansing of the abdomen from the blood and other fluids, the internal ligation of the pedicle of parts excised, the use of the hæmostatic pincers of Pèan, the pocketing of the pedicle, the excision of the pedicle by the actual cautery, and the hæmostatic effect of hot water, have all contributed to secure a higher percentage of recoveries after abdominal operations in women.

The introduction of the Porro modification in Europe has also had the effect of changing very materially, and for the better, the results of Cæsarean deliveries in large maternity hospitals. To save six women in succession with their children, as has been done in the Santa Caterina Hospital of Milan and Krankenhaus of Vienna, speaks well, not only for the care and skill of the three operators in each hospital, but for the operation as it was originally devised by the Pavian professor.

ABSENCE OF CATAMENIA.—DR. W. H. DEWITT, of Cincinnati, writes as follows to the *Lancet and Clinic*:

Mrs. K., native of Germany, 45 years of age, large, strong and muscular woman mother of nine children, seven living, two dead. She informed me that for months past she had not been feeling as usual, day and night had more or less headache, pain in lumbar region, together with a feeling of

weight and dragging low down in pelvis, no actual pain in uterine region, simply an uncomfortable sensation of great weight. These symptoms were thought to be by some of her neighbor women harbingers of climacteric change. This she did not think possible, for she assured me that she had never to her knowledge menstruated. I told her I thought she must certainly be mistaken, but she assured me most satisfactorily that she had never seen the slightest discharge from the vagina, or from any other source. To satisfy me still further, she never knew when to date her conceptions, that oftentimes she was ignorant of her condition until she felt the movements of the child; from this time (quickening) she determined the time of her confinements. This she informed me was the only guide she had to go by. At the age of seventeen, just prior to her marriage, she consulted a physician thinking perhaps there might be some physical defect in nature that would preclude her from entering the connubial state. She was informed by the doctor after a rather hasty examination, there was nothing abnormal as far as could be ascertained under the circumstances, advising her to marry, that in time all would be right. But all has not been right; from that time up to the present writing the same anomalous condition has existed, until recently she informed me she never experienced any pelvic discomfort so common at or near the menstrual epoch. Health never impaired, always robust and strong, able at all times, and under all circumstances, to attend to her numerous household duties.

Her present condition does not wholly unfit her for the cares and responsibilities of life, but being foreign to her nature, she deemed it important to seek advice, more especially perhaps on account of the gossip of neighbor women.

This one thing she could not reconcile, how it was possible for her to change life in the absence of menstruation. To me this case possesses very considerable interest and curiosity, more especially on account of the number of conceptions. The case of itself, independent of this, is to say the least, *anomalous*. It certainly demonstrates one thing conclusively, viz.: that there is no binding or absolute relationship between ovulation and menstruation, or in other words one may go on independent, or in the absence of the other. One more circumstance and I am done. Five of the nine conceptions occurred while nurs-

ing, three of the five within a very short period after confinement.

DECIDUAL HEMORRHAGE.—Dr. Carl Braun recently related the following history of a case in his lying-in ward: A woman of middle age, six months advanced in her first pregnancy, while at work in her kitchen, was suddenly astonished by a severe hemorrhage from the genitals. From the sudden occurance of a large hemorrhage, the conjecture that it came from the larger vessels was admissible. The blood itself was perfectly pure and unmixed with vaginal mucus. It is possible to affirm, that the hemorrhage came from the uterine mucous membrane, out of the decidua, rich in bloodvessels, and was due to a displacement between the decidua reflexa and vera. Digital examination showed the placenta, attached to the posterior wall of the uterus approaching the position of placenta prævia. As the latter condition occurs so much less frequently in primiparæ, it need not be considered in this connection. The treatment was expectant: its important feature, perfect rest. The opinion that decidual hemorrhage will return every month, during pregnancy is entirely erroneous.—[*Medical News.*

THE INFLUENCE OF SEXUAL EXCITEMENT UPON WOUNDS.—In a paper recently published in the *Lyon Medicale*, M. Poncet draws attention to the evil effects of sexual intercourse when indulged in during convalescence from injuries, operations, etc., and suggests that this may be a not very unfrequent although unrecognized cause of some of the mishaps and complications that occur in private practice. The sexual act that produces a certain amount of shock which M. Poncet thinks may be placed side by side with traumatic shock, and which leaves the patient for a certain time after indulgence in a condition of "least resistance," during which he is susceptible to morbid influence. With regard to the impression produced even in health by the act of coitus, some thermometrical experiments undertaken by an interne of the Lyon Hospital are quoted. A thermometer placed in the rectum was carefully observed on nine occasions, and it was found that the temperature was always from five tenths to six tenths of a degree Centigrade (nearly 1° F.) lower just after than before coitus. During the act the temperature rose slightly above normal.

In illustration of his views M. Poncet gives notes of seven cases observed in his own practice, where complications were ascertained to have followed coitus. Four of these patients had lesions of the hand or finger, and all were going on well up to the time of sexual indulgence, which was quickly followed by pain and swelling of the injured part in one case, and in three others by inflammation of the lymphatics, which went on to suppuration in two. In another case chronic tetanus was attributed to the disturbing effects of coitus and yet in another the non-union of a fracture. In the latter case union took place when the man was removed from his mistress who had been nursing him. In the seventh case pyemia and death are referred to a similar cause. The patient had undergone amputation for an injury, and was in the country away from any known septic influences. The wound was healthy and granulating, when on the eighteenth day after the operation he had intercourse. Rigors quickly followed, and death occured five days later. A somewhat similar case is mentioned on the authority of Ollier. Though these cases are all surgical, M. Poncet also refers to the adverse influence of sexual excitement in some other diseases, notably diabetes and gout.—[*British Medical Journal.*

Clinical Reports from Private Practice.

Article XIII.

Belladonna Poisoning.—Recovery. By J. G. Carpenter, M. D. of Sanford, Ky.

Mrs. H., about 65 years old, a confirmed morphine eater, for fourteen years, had atropia grs. ii aq. destill. ʒii. M. Dose gtt. i to ii every four or six hours *pro re nata*, making the dose one-sixtieth to one-thirtieth of a grain. The nurse forgot the size of the dose, and thought as many medicines are given in teaspoonful doses, it would be no harm to give the atropia solution that way; poisoning rapidly followed, pupils greatly dilated, temperature normal, pulse 120 to 140 per minute, and respiration 20 to 24; the throat, tongue and mouth became dry and furred, and the voice aphonic; active delirium and great muscular contraction soon followed. I was summoned several hours after the patient took the poisonous dose. Morphia gr. i was given every one, two, four or six hours for twenty-four hours, when patient recovered, though vertigo and muscular prostration lasted several weeks, and had the patient not been accustomed to large doses of morphine, morphia grs. v to x per day, death would have undoubtedly followed.

Reports on Recent Progress in Medicine.

Article XIV.

Report on Venereal Diseases.—By R. W. Wilcox, M. D., of Vienna, Austria.

The Subtutaneous Injection of Mercury.—Observations have been carried on for about a year at one of the special hospitals with substantially the following results. The preparation used for the hypodermic injection is composed as follows: powdered peptone, nine grams, chloride of ammonia, nine grams; corrosive sublimate, six grams; this forming an ammoniaco mercurial peptone, is dissolved in glycerine seventy-two grams and distilled water twenty-four grams and the solution filtered. The corrosive sublimate is contained in this solution in the proportion of one part to twenty of the menstruum, and thus the dose is easily regulated as well as further dilution (one to three or four) with distilled water readily obtained. On standing a small precipitate may form, but it will immediately redissolve on agitation, does not consist of calomel as in the former albuminoid preparations of mercury, nor indeed of free corrosive sublimate. This preparation, when made of pure drugs, is said to be chemically unchangeable. The urine of patients treated contains mercury which can readily be detected by the ordinary tests.

The place of the hypodeomic injections which is generally selected is the subcutaneous cellular tissue of the back, alternating the side chosen every day. Injections to the number of fifty and even more have been made on one patient without any local reaction. One of a large number of observations, no local disturbances such as nodosities, abscesses, extravasation of blood, have occurred in any marked degree, and then they could be attributed to the imperfections of the syringe employed, the carelessness of the physician or the concentration of the solution. Pain is not often complained of except by very nervous patients or when the injections are administered by a clumsy operator.

The daily average varied from one to ten milligrams of the sublimate and salivation was not met with in any of the cases where the dose was seven milligrams or less. In a small number of cases salivation occurred when the dose was eight milligrams or over, but it is claimed that in those cases there were previously existing non-specific diseased conditions of the mouth, as those resulting from use of alcohol, diseased teeth. Disturbances in the alimentary tract are extremely rare.

Knowing the rapidity of the action of other drugs by the subcutaneous method, one is not surprised that mercury also should make its effects more quickly manifest than when administered by the mouth, even this method seems to excel that of inunction in effectiveness, and it certainly is far more convenient and cleanly; of course, it is impossible, in a given case, to say how long a syphilide, for instance, will persist without treatment or with any given method of treatment, but out of the large number of cases that the writer has had the opportunity of observing, it seems that this method is exceedingly prompt and efficacious, especially in the irregular and violent cases often so obstinate under the ordinary methods.

The Iodide of Potash.—Some experiments have recently been carried on at the Laboratory of Hotel Dieu as to relative effects of the iodide of potash and the corresponding soda salt. A good sized dog was secured and a canula inserted into his trachea and connected by a rubber tube with a Marey's apparatus and a graphic tracing of his respirations made. Then one half a gram of the chloride of potash was injected, in solution with distilled water, into the femoral vein, which had been previously secured. At the end of five minutes another tracing was made and it was found that the number had decreased in the ratio of twenty-two to eighteen, while their amplitude had increased and some irregularity was observed. Then a canula was inserted into the carotid and connected with a mercury manometer and the tracing of the blood pressure made. A further dose of twenty centigrams was injected into the femoral vein, the blood pressure rapidly fell, the oscillations became more irregular, the heart ceased beating, while the respiratory movements continued for about twenty seconds after the heart had stopped.

Next the hearts of two frogs were exposed and a few drops

of a solution of iodide of potash dropped on one and an equal amount of iodide of soda on the other heart. The one treated with the potash salt ceased beating after a few seconds and remained in diastole, while the other heart did not appear to be affected. Of course these experiments are inconclusive not only from their number but from the fact that no care was taken to exclude the many sources of error, so that the only result, if there be any at all, is that chloride of potash is not good for dogs and frogs.

But in these experiments, inconclusive as they are, is contained a suggestion as to the propriety of substituting the soda for the potash salt in practice, but whether the soda salt would be clinically so valuable or whether we care to lose the effect of the potash on nutrition (oxidation) are points to be settled by careful and extended research, especially in actual practice. The marked action of the potash compounds on the heart and respiration are by no means to be lost sight of.

The Treatment of the Chancroid.—In the course of some lectures on this subject now being given at the Hôpital du Midi, the following treatment was recommended. It is believed that the venereal ulcer can be absorbed, especially at its debut by a caustic which shall destroy it, as Canquoin's paste, to which enough alcohol has been added to bring it to a proper consistency. The strength used is equal parts of the chloride of zinc and flour. Or in place of this, sulphide of carbon can be used. If desired, the caustic can be applied in a liquid form as a saturated solution of chloride of zinc, which will not destroy those parts still covered by epithelium but only the denuded area of the ulcer. This caustic will form a thin pellicle over the surface which separates after a few days. In this method of treatment the pain of the ulcer ceases, the secretion is checked or at least becomes healthy in character. The contra-indications to the abortive treatment are the long duration of the ulcer or its seat near the urethra, as this method favors perforation and fistula.

If the abortive treatment is not to be adopted, for the reasons just given, other methods are as follows: In the first place the penis, if that is the seat of the lesion, is to be placed in such a position that the circulation shall not become stagnant, as on the abdomen, for example. For a dressing, lint wet in any of following solutions: carbolic acid, one to ten; alcohol; ferro-

tartrate of potash, one to ten; salicylic acid. Chloroform may also be used with glycerine in the proportion of one to ten. But preference is given to finely powdered iodoform, simply dusted on the ulcer. The smell is not likely to be objected to as the patients are generally so alarmed at the sight and angry appearance of the ulcer that they will readily submit. It is claimed for this last treatment, that it stops pain, checks the secretion and hastens the process of repair.

A Peculiar Bubo.—The patient was a young physician, who gives the writer permission to report his case. Owing to overwork, the patient felt out of condition, and for the two weeks preceding the advent of the bubo had been obliged to do much walking, although previously accustomed to a somewhat sedentary life. A change of shoes had made a small abrasion on the fourth toe of the left foot, which was suppurating at the time of the commencement of the bubo. The glands began to enlarge in the right groin, occupying some eight to ten days in reaching their highest development, at which they were the size of a hen's egg, tender, rendering locomotion almost impossible, the skin over them reddened, the glands soft but not fluctuating. In the left groin a small gland attained the size of an almond, subsequent to the development of the glands in the other groin, no constitutional disturbance. Acting under the advice of two physicians here, the patient, who had remained in his room for a week now took to his bed during two full weeks, preserving a quiet which an ordinary person would consider extreme.

During this time, the enlargement in the right groin decreased to about one-half of its maximum size and ceased to be painful, becoming harder to the touch; the small gland in the left groin disappeared. But during the first week of the confinement to bed the lymphatic glands over the left parotid enlarged rapidly, forming a tumor the size of a hen's egg, soft, painful on movements of the jaw, skin over the surface of the mass normal, the glands on the antero-lateral portion of the neck sharing in the disturbance. On the right side the glands of the neck only were affected. These masses disappeared without suppuration and at the end of ten days could not be felt. In the meantime, the glands in the groin during the last three days of confinement began to enlarge but not to such a degree

as they had previously attained. After leaving his bed the patient remained in his room for a week, during which time the tumor slowly decreased, partly remaining hard while the other portions seemed to be on the point of suppuration. He afterwards went out, using ordinary care to prevent fatigue. After about two months from the appearance of the mass, a small fluctuating point was seen, incised and a small amount of serum, hardly turbid with white cells, was discharged, the wound soon ceased to discharge and now, three months after, a small indurated mass is found.

The interesting questions are principally in regard to the origin of the bubo. 1. Was the suppuration on the left foot the cause of the bubo in the right groin? The same individual some three years previous had a sore on the right foot, with the enlargement of glands in the opposite groin, immediately consequent to the suppuration. This enlargement disappeared without suppuration at a period a little later than the healing of the sore on the foot. The writer recalls a solitary case of carcinoma of the mamma when only the glands in the opposite axilla were enlarged. 2. Was a venereal ulcer the cause? Nothing of the kind could be found on the parts exposed to view, and that it was not in the urethra is shown by the absence of pain, discharge, commencing stricture. 3. Could it have arisen from a primary lesion? No lesion of the external geniatals could be found and the possibility of its being in the urethra is negatived because time enough has already elapsed for the constitutional symptoms, all of which are absent. 4. Was unusual fatigue the cause? To this opinion the medical men in attendance were inclined, believing also that the condition of the patient was an important factor in the case.

The treatment was the administration of a purge at the outset, external application of the tincture of iodine over the enlarged glands, during the period in bed, cod liver oil internally.

Paris, April, 1882.

Article XV.

Report on Dermatology. By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis.

Syphilitic Re-infection.—This question of the possibility of a re infection by syphilis is a very important and interesting one, touching as it does upon the possibility of a cure of the disease, for it is generally believed that, while the patient is under the influence of the first infection, he is not obnoxious to a second.

In the *American Journal of the Medical Sciences* for April, 1882, Dr. F. R. Sturgis reports the history of a man, who apparently free from previous disease, entered the hospital with two initial lesions, followed by a macular syphilide, osteocopic and muscular pains, and a double iritis. Under treatment, extending eight months, his symptoms entirely disappeared and remained absent for fifteen months from the last date of his taking medicine. He then entered the hospital again with a couple of lesions of the genitals, which appeared three days after coitus, no other connections having been indulged in for a period of five months. At the time of his entrance these ulcers were already a month old, and presented the appearance of initial lesions. Auto-inoculation practiced with the matter from one of these ulcers produced an apparent positive result, but the resultant pustule was short-lived, and did not have the characteristics of the simple venereal ulcer. It was followed by a macular syphilide, osteocopic pains, and other symptoms of an early syphilis.

Improved Plan of Using Chrysophanic Acid.—Dr. G. H. Fox says (*Medical News*, March 18, 1882) that the action of chrysophanic acid is difficult to control as all, who have had any experience in its use, know. His method is to make a soft paste by rubbing the acid with a sufficient quantity of water and smearing upon the psoriatic patches, where scales have been previously removed. As soon as the paste has dried, a

layer of collodion is allowed to flow over each patch and harden into a protective coating.

This will remain on for several days and when it falls off, the operation may be renewed. By this method the remedy is kept in full strength in contact with the skin without exciting undue inflammation of surrounding parts or staining the clothes. Care must be taken and the chrysophanic acid must not be mixed with the collodion but applied as above.

On the Treatment of Eczema by Bantingism. — Balmanno Squire, Senior Surgeon in the British Hospital for Diseases of the Skin, contributes the following to the *British Medical Journal* (*Lancet and Clinic.*)

It is familiar to every practitioner that eczema is specially common among infants, and particularly amongst lymphatic infants, that is to say, fat and pasty-looking infants. I do not refer only to those instances in which the very fatness of the infant is the mechanical cause of the complaint; that is to say where "a fold" of skin in the fat infant becomes raw and discharging (intertrigo); but I refer to the well known fact that infants of this constitution are more liable than others to eczema (of the scalp and other parts), not not coming under the head of "intertrigo," and that their eczema is more profuse in its discharge whether that discharge be serous or purulent, than it is in other infants; it is also more obstinate.

I recently recorded in the *Journal* some experiments I had made with iodoform as an application in such cases, and which succeeded very well as a means of reducing the eczema of such infants from the dicharging to the dry condition pretty rapidly. As to that, I was supported by other writers.

But from some observations I have recently made, I have reason to think that Bantingism as applied to such infants is as rapid in its effects, and if sustained, is of more permanent efficacy. Some years ago the late Mr. Banting was under care for eczema and I had an opportunity of conversing with him pretty frequently on the system of which he was the apostle. It is through this accident that the idea suggested itself to me.

I have used the word infant for the sake of convenience, but I refer rather to very young children. To Bantingise a suckling infant, is of course, not very practicable, but a child of two or

three years old can be dieted very readily. It does not appear necessary to the end in view that the diet should be restricted in quantity as well as quality, which of course was essential under the *regime* laid down by Mr. Banting, or by the late Mr. Harvey (the aurist) for him. It is simply necessary to limit the fat-producing elements of food for the amelioration of eczema in lymphatic young children. At least so I have have found. By this means their excessive obesity becomes diminished and their eczema very remarkably improved within ten days of commencing the regimen, and that without any injury whatever to their general health, so far as I can judge.

In place of pure milk, they should take milk diluted with an equal or even a double quantity of water. In place of bread and butter they should take dry toast or dry biscuits; and with these particular articles of food they may be supplied indefinitely. All the fat is to be carefully cut away from such meat as they may partake of, and they should not be allowed pork, veal, or lamb. They may have poultry or game, or fish, except the oily kind of fishes, such as herrings, salmon, eels, etc.; and the fish they partake of should be boiled (not fried). They may eat boiled vegetable tops, but not vegetable roots, such as potato, parsnip, beet-root, or carrot. Beef-tea (the melted fat being carefully skimmed off) is permissible in any quantity, and so also, toast and water. Cooked fruit (not sweetened) may be also allowed.

But the principles of the Banting treatment are universally known. It only remains for me to say that cod-liver oil (the favorite remedy, *par excellence*, for the condition of which I am speaking) is quite incompatible with the treatment I am advocating. Of course, the health of the child should be watched, and it should be weighed at the commencement of its dieting, and afterwards from week to week.

Excretion of Nitrogen by the Skin.—J. Byrne Power, L. K. Q. C. P. I., of Kingston (*Dublin Journal Med. Sci.*, May, 1882) has since 1877 made a series of experiments on the excretion of nitrogen by the skin. Although Voit, Ranke, Parkes and others have denied this, relying on indirect methods, Anselmius, Berzelius, Favre, Finke and others have maintained that it existed. Finke first not only found nitrogen in the sweat, but proved its existence as urea, and was the first to esti-

mate the quantity given by all the skin. His method however, was defective, as he only collected the sweat from a limited portion of the body and assumed that the rest of the surface excreted the same quality and quantity. As a result he found the amount to be in one case 0.198 grm, and in another 0.2935 grm., of soluble nitrogen excreted by the entire skin in one hour. The author, on the other hand, has obtained the sweat from the entire skin and endeavored, as much as possible, to eliminate all sources of error. The method is given in detail.

He finds from twenty-five experiments made upon six individuals—two healthy subjects and four hospital patients—that the greatest quantity of soluble nitrogen excreted by the entire skin, is in a case of Bright's disease and amounts to 0.2392 grm. per hour. In a healthy subject this quantity is as low as 0.038 grm. The mean result of all the experiments is 0.0824 grm.

In five of the experiments the amount of sodium chloride excreted can be compared with that of soluble nitrogen, and the quantity of the former is comparatively great being as 10:1. The author concludes that though he has found nitrogen to be excreted by the skin in all cases, yet the quantities are so small that he does not believe the cutaneous excretion can ever act vicariously of the renal to any appreciable extent.

Viola Tricolor in Eczema.—Dr. Henry G. Piffard in a recent paper (*Medical Record*, April 29, 1882) speaks of the use of this remedy, known familiarly as the pansy, in eczema. French writers are almost unanimous in its favor and the drug is in constant use at the Hôpital St. Louis, Paris.

Dr. Piffard after repeated experiments found the infusion unreliable and a fluid extract by far the best preparation, on the whole. The results have been varied, some unmistakably brilliant, others negative.

When given in *acute* eczema the tendency at first is to aggravate the disease, increasing the area of invasion and being accompanied by greater local heat and pruritus. If persisted in, however, or stopped, it subsides and a recovery or considerable amelioration ensues.

For young children the proper quantity to begin with is from one to five drops of the fluid extract once or twice a day. If the case progresses favorably the dose should be maintained;

if no effects appear it should be increased; if aggravation occurs it should be discontinued for a few days, and afterwards resumed in smaller doses than at first.

In *sub-acute* or *chronic* eczemata the commencing dose should be much larger, ten or fifteen drops at least; this is continued or increased if necessary, until the eruption shows signs of activity, that is, until a decided aggravation is imminent. At this point the dose should be discontinued, as before mentioned, and resumed in smaller doses. In adults the commencing dose may be five to ten drops in acute and half a drachm to two drachms in sub-acute cases.

The best and most striking results have been obtained in the second stage of eczema, with serous or sero-purulent exudation. In the first stage, there is rarely an opportunity of using this or any other medication, and in the third or squamous there are other remedies equally as good if not better. In a certian proportion of cases, its administration is preceded with a single full mercurial, either blue-pill or calomel and jalap, and in perhaps one-third appropriate local treatment has been conjoined.

The author has used the fluid extract prepared for him by Dr. Squibbs and that by Caswell, Hazard & Co., which have, in every way, proved satisfactory.

The Bacillus Lepræ.—In the April number of the Chicago *Medical Journal and Examiner*, Dr. H. D. Schmidt considers the question as to whether the bacillus of leprosy is a reality or a fiction. He details his method of preparing slides for examination and he has never succeeded in discovering the bacillus in any of his preparations. He has submitted them to competent microscopists who have also been unable to discover it.

Dr. I. Bermann records, in the *Archives of Medicine* for June, that he has examined specimens furnished by Dr. J. E. Atkinson and he has found the bacilli in them. The size of these rods equals one-sixth to one-eighth the size of a red blood corpuscle in breadth, and one-half to one-third in length. Almost without exception they are within the large "lepra cells" (Virchow), and irregularly distributed through them. These cells are usually four to eight times the size of a white blood corpuscle, and are lying close together with but little interstitial tissue.

The author insists that failure to discover the rod-shaped organisms is on account of not properly preparing the sections

Fig. 1.

Section from Leprous Tissue showing rod-shaped Bacteria.*

for examination. Certain it is that to find one bacillus is more satisfactory than not finding a thousand. We have presented by Drs. Schmidt and Bermann, negative and positive results on the subject and must confess that we incline to the latter. It may be that by more careful or rather different preparation, the former's specimens may yet yield different results.

* We are indebted to the kindness of the editor of the *Archives of Medicine* for this cut.

Editorial.

Article. XVI.

MEDICAL SCHOOLS OF ST. LOUIS.

More than forty years have now elapsed since "The Missouri Medical College," and "The St. Louis Medical College" were established, the former antedating the latter by a few years only. The career of each, though with varying vicissitudes of fortune: has been highly honorable and useful, and to a good degree has determined the elevated character of the profession at the West (though other schools of lesser note have interjected their representatives throughout) and their graduates generally have reflected credit and distinction upon their Alma Mater. These two institutions, sole competitors in this city, year by year, have demanded higher degrees of excellence of attainment as a prequisite for the candidate to receive its honors.

Something more than a decade of years since, "The Humboldt Medical School" achieved an existence, but after a continuance of a few years it succumbed. "Ilium fuit." The original two continued "masters of the situation" till the inauguration of "The College of Physicians and Surgeons." This latter with the St. Louis Medical College, following in the wake of "The Harvard Medical School" have adopted the three-year system of study. The same having been adopted tentatively has recently been abandoned by one of the Medical Schools of New York city; its faculty apparently and indeed by its own confession, preferring extent of patronage to degree of excellence; which, being properly interpreted, means immediate pecuniary returns to self, rather than to rely upon the greater reputation which by its graduates would be reflected upon their Alma Mater, in consequence of the higher grade of educated mind sent forth from its portals. "The Missouri Medical College" will, in its own good time and manner, exact, at least, equal excellence, as an indispensable condition of graduation.

As far as regards the Missouri Medical College, they are

expending a large amount in fitting up a clinical laboratory ready for use this fall, to be under control of Prof. Curtman, where practical chemistry will be taught. They are also inaugurating other improvements, such as an obstetrical and gynæcological laboratory, where demonstrations upon the cadaver of positions and relations of pubic viscera, the various steps in the process of labor, obstetric manipulations and the use of the forceps will be given. A course also upon clinical microscopy, etc.

In short, they intend to keep step in the front.

In the ST. LOUIS MEDICAL COLLEGE, the Course of Studies extends over a period of three years, and is a graded one, the student devoting himself during the first year mainly to theoretical and demonstrative branches—the fundamental sciences of medicine, and in the second and third year gradually taking up the practical subjects and specialties.

This plan has been pursued with complete success for two years past, the way having been opened for it in three preceding years by a voluntary Three-Term Course, of which an unexpectedly large proportion of students have availed themselves.

Henceforth, all students entering the College will be required to pass a satisfactory examination in the branches of a good English education, including English grammar, orthography and composition, mathemathics and elementary physics. Students who present a diploma or certificate of graduation from a literary or scientific college, or a high school, shall be exempt from this preliminary examination.

Students who have attended one course of lectures in some accredited regular school of medicine, may enter the Middle Class after passing a satisfactory examination in Chemistry and Anatomy. Students who have attended two such courses of lectures, may enter the Senior Class after passing a satisfactory examination in Chemistry, Anatomy, Physiology, and Materia Medica and Therapeutics.

These examinations shall be wholly or in part in writing, and the orthography and grammar shall be taken into consideration in determining the merits of the student.

Among the requirements for graduation are the following:

The candidate must have attended *three* regular courses of lectures, the last of which have been attended in this school.

The Spring session is not estimated as a part of the courses required for graduation.

The candidate must undergo a satisfactory examination in Chemistry, Anatomy, Physiology, Materia Medica and Therapeutics, Principles and Practice of Medicine, Clinical Medicine, Surgery and Obstetrics.

THE COLLEGE OF PHYSICIANS AND SURGEONS still adheres to its three-years' term of study. Those that have had instruction from a respectable physician a year or more, are admitted to the second year's course upon examination; those who have had office instruction for one year, and who have attended a respectable college for one course upon passing examination upon all the branches taught in the first and second course are admitted to the third or graduating class. Students without a preliminary office instruction must study three full years.

Physicians in respectable standing having obtained the legal qualification in the State in which they practice, and possessing a license to practice are admitted at once to the third or graduating class.

All students are examined on the branches of the preceding year, and on passing, are advanced to the next course. These examinations are considered final as far as these branches are concerned; the graduating examination is therefore limited to the three practical branches—medicine, surgery and midwifery.

The matriculation fee and demonstrator's ticket have been dropped.

To encourage students in taking out a three years' academical course, who otherwise have claims to two years, the office instruction being counted one year, the faculty admits such students who have attended two courses at the college to a third, or supplementary course free of charge.

From the number of applications already in the hands of the dean, there is a necessity of enlarging the accommodations, and this is being done.

The chemical laboratory for analytical work, and a physiological and pharmacological laboratory are being arranged for vivisections, and experimental tests of the action of medicinal and toxicological agents.

These Medical Schools and the ability of the gentlemen associated for instruction therein have, with the Medical Socie-

ties, and the Medical Schools of other medical faiths, contributed mightily to render our Metropolitan City of the West, the Medical Centre of the Mississippi Valley.

But the list of medical schools was not complete; the entire field was not occupied nor utilized. One medical school was yet wanting. Conscious needs long existed and were thus confessed; but the how to supply them was the question. With the view of its solution, post-graduate classes were improvised; but, in some instances, these have been abandoned as impracticable and inadequate. Another effort, more complete in its system and extended in its scope, has resulted in initiating the first institution of the kind in the world, the establishment of the

THE COLLEGE FOR MEDICAL PRACTITIONERS.

Desiring to secure no undue publicity but to avert misconception with which an Institution, new in respect to time, and novel in the character of its scope, may be visited, we trust our readers will indulge us once more in a brief allusion thereto.

Many an enterprise praiseworthy in itself, its purpose and objects, has failed of achieving the ends proposed through indiscretions committed, or the failure to exercise the needful practical wisdom in adjusting the antecedent appliances and agencies. The originators of this "college," have endeavored to devise and act with due caution, circumspection and prudence.

The abstract possible utility of this institution, now legally chartered and inaugurated, admits of no question. The testimony of many of the profession, whose discriminating opinions we ever receive with gratification and deference, all conspire to the declaration, that the facilities which this Institution is designed to afford to the busy general practitioner, are greatly needed. The occurrence in his practice of an exceptional case, combining perplexing and embarassing complications, seems to convince him of his want of familiarity with the symptoms presented, and their pathological significance. Hence he desires to be instructed, briefly, in the most recent advances in that particular case or class of cases. Such cases cannot be intelligibly arrayed before the medical student; these are not for the neophyte; for him great truths must for his comprehension be diluted into generalities. Actual practical experience reveals weaknesses unsuspected before; the process of duly fortifying

these results in edifying the mind and increasing the ability of the ambitious practitioner.

The April number of the JOURNAL contains, in epitome, the sentiments of many, who, at that date, had expressed themselves. We desire to reiterate, that which has been explicitly stated before, viz: that this Institution in no manner antagonizes existing medical colleges, nor in its design does it approximate competition with them. It enters a field hitherto entirely unoccupied; it seeks not to confer diplomas authorizing the possessors to legally practice medicine, nor is it endowed with the power so to do. It simply offers to the general practitioner the facilities for informing himself or of refreshing his attainments in those departments of medicine or surgery, in which practical experience has demonstrated to him that he is deficient; in fine, for strengthening the weak and confirming the adept; thus increasing ability to encounter disease more successfully, and the patient in the same degree obtain the greater benefit.

Should any designate the motor-agencies a union of specialists, we shall not take exceptions to the charge. Even then in this respect it does not widely differ from the existing medical colleges. The charge may be interpreted as a compliment, and if the specialist, who limits his thought, researches and practice to one branch of surgery, should fail to acquire a greater competency in that particular specialty, than he, who embraces in his field of practice the entire circuit of the wide and ever extending domain of surgery, he at least ought to, and if he is not, it is a discredit to his talents or his industry and a travesty on that sub-division of labor, which elsewhere results in the *perfection* of skill.

We are happy in the consciousness that the "College" with which we are in hearty sympathy, meets the cordial approbation and commendation of cotemporary Journals; and none who is familiar with the multiplied sources of information tributary to them and by which opinion is generated or moulded, can doubt that they are qualified to speak *ex cathedra*. As a specimen of the manner in which they reflect the general sentiment, we are pleased to note the testimony recently published in "*Gaillard's Medical Journal*," and beg to quote it, viz: "This movement if properly conducted must succeed. It meets a decided want, and this *Journal* offers all concerned its best wishes and support."

Here is evidence of the conceived need of the Institution, and the assurance of its success, through its appreciation by the medical public, and besides its kind benediction, it magnanimously proffers its aid and support. What more could its co-laborers expect or ask!

The establishment of this College is predicated upon the need consciously felt by every progressive medical man, and which by many, has already, to us been expressed. The curriculum of study and lectures of "Medical Colleges" furnishes as much instruction, as the mind of the student, during the period of his allotted novitiate, is competent to receive. This institution proposes to emphasize and supplement the instruction already received, and induct the mind aspiring for more, into the higher walks of medical science as developed in the pursuit of special subjects. This "College" is not designed for him, who *is* competent to grapple with any emergency that may arise, nor will it find sympathy with him who deems himself self-reliant; nor in the declaration of its objects, is it intended either directly or by implication, to impute ignorance on the part of the profession; but it proposes to deal with facts, to assist the student in gratifying his desire for the acquisition of greater excellence, and in the most liberal spirit to present the enterprise to the generous consideration of our profession for its approbation, and encouragement.

Book Reviews.

Article XVII.

1. The Diagnosis and Treatment of Diseases of the Eye. By Henry W. Williams, A. M., M. D. 8vo., pp. 464. (Boston: Houghton, Mifflin & Co., 1881. St. Louis: St. Louis News Co.) Price $7.00

2. A Manual of Ophthalmic Practice. By Henry S. Schell, M. D. With fifty-three illustrations, 12mo., pp. 263. (Phila.: D. G. Brinton, 1881. St. Louis: Hugh R. Hildreth Printing Co.)

1. This is not a very large or comprehensive work and is rather a record of the author's experience with an effort to draw practical deductions, than a text-book properly so-called. He considers at some length refraction and accomodation and kindred subjects, and on the whole the book will be read with interest by the oculist more than by the general practitioner or student. One noticeable feature is that it is not overburdened with obsolete wood-cuts.

2. Schell's Manual is a short comprehensive work, more adapted to the wants of students. It is small but sufficiently comprehensive for general use. Although treating of many subjects in common with Williams, it contains some subjects not mentioned in the former, whilst omiting some mentioned.

Taken together a good idea of the present state of oculistic practice can be formed from the perusal of both works noted.

The Physician's Clinical Record, for Hospital and Private Practice, with Memoranda for Examining Patients, Temperature Chart, etc. (Phila.; D. G. Brinton, 1881. St. Louis: Hugh R. Hildreth Printing Co.)

This is a very good and handy little memorandum book by means of which full notes of the course and progress of a case of disease can be kept. Besides this a small stencil plate accompanies it, to be used for sketching the outline of the thorax and abdomen, in which may be marked, by shading, the seats of effusions, size of organs, tumors, etc. We can cheerfully commend this record.

The Opium Habit and Alcoholism. A Treatise on the Habits of Opium and its Compounds; Alcohol; Chloral Hydrate; Chloroform; Bromide of Potassium; and Cannabis Indica, including their Therapeutical Indications, with Suggestions for Treating various Painful Complications. By Dr. Fred. Heman Hubbard. 12mo., pp. 259. (New York: A. S. Barnes & Co.) Price $2.00.

We cannot commend this little volume to our readers. In the first place the author treats of so many subjects that he can do but little justice to any one of them. Again, the make-up is very defective. There is no table of contents or index. The pathology is poor and treatment is not very brilliant, whilst the prescriptions presented are execrable in composition, being a mixture of poor Latin, English and Anglo-Latin (?). The author puts forth a plea that he has met with difficulty in writing this, owing to his limited time. We condole with him, but can hardly regard this as a sufficient mantle to cloak all of his errors. However, some of the points brought out are good and merit better and more extended treatment.

Annual Report of Supervising General of the Marine Hospital Service of the United States for the fiscal year 1881, 8vo., pp. 247. (Washington: Government Printing Office, 1881.)

This report is an interesting one, more particularly in reference to the forty odd pages that are devoted to the subject of beriberi. There is an account given of the cases observed at San Francisco, imported from Yokohoma, Japan, and also observed at Rio de Janeiro. Thermometrie charts, pulse tracings and notes of the microscopic examination of blood, make this a very valuable contribution to a disease which is beginning to attract the attention of investigators. The disease in Ceylon is also considered and on the whole this report for 1881 will be regarded as a valuable reference in regard to this disease.

It is but justice to say that many interesting cases taken from the reports of medical officers and hospital records and valuable statistics, go a great deal to render this volume one to be prized.

De la Lithotritie Rapide. Par le Dr. Reliquet. 8vo., pp. 79. (Paris: Adrien Delahaye et Emile Lecrosnier, 1882.)

On Rapid Lithotrity. By Dr. Reliquit.

The author commences with a description of an apparatus to elevate and steady the buttocks of the patient, and throughout we find that he has drawn largely upon his ingenuity for a number of instruments.

In this work the author wishes to demonstrate that it is almost always possible to crush, in one short sitting of less than five minutes, the most frequently occurring stones—those of two to two and one-half centimeters in diameter. This is to be accomplished by the use of his instruments.

To give more strength to the lithotrite he has diminished the height of the female jaw and widened it proportionately. He has filed the internal aspect of the edges of the teeth of the male jaw, which permits of it to seize upon the stone without slipping.

The apparatus has for its action to cause the stones or fragments to fall in the lithotrite, thus rendering the apparatus more easy, and as little irritating as possible for the bladder, the roughness or teeth of the jaws of the lithotrite never coming in contact with the walls of the bladder.

Each time that the bladder is well emptied or contracts itself well, evacuation by the catheter and injections, which Dr. Reliquet has always practiced, he claims are more rapid than by means of the apparatus of Bigelow, Sir H. Thompson, Clover, etc. He employs them for cases in which the bladder does not contract, or incompletely so, and not evacuating itself fully.

The author insists upon the utility of making injections of carbolized water (1 : 1000) at the termination of the evacuation, and also of employing for all the injections during the operation borated water (35 : 1000).

L'auteur commence avec une description de son appareil pour elever et fixer le siége du sujet, et nous trouvons ce travail parsemé avec des instruments dues a l'ingenuité de l'auteur.

Dans ce travail, il essaye de démonstrer qu'il est presque toujours possible de broyer, en une seule séance de moins de cinq minutes, les pierres les plus frequentes, celles de deux centimètres à deux centimètres et demi de diamètre. Et cela en se servant de son appareil pour la lithotritie et de son brise-pierre.

Pour donner plus de puissance broyante à son brise-pierre, il a diminué la hauteur du bec femelle en l'élargissant d'autant. Il a mis des coups de limes sur la face interne des bords des dents du bec mâle, ce qui permet á ce bec de gripper sur la pierre dans y glisser.

L'appareil a pour action de faire tomber la pierre ou ses fragments dans le brise-pierre, ce qui rend les prises très faciles pour l'operateur, et aussie peu irritantes que possible pour la vessie, les aspérités ou dents des deux becs du brise-pierre, si actives dans la prise et le broiement, n'étant jamais mises en contact avec la paroi vesicale.

Toutes les fois que la vessie se vide bien, se contracte bien, l'évacuation par la sonde au moyen des injections, que le Dr. Reliquet a toujours faites, est bien plus rapide que par les aspirateurs de Bigelow, Sir H. Thompson, Clover, etc. Aussie réserve-t-il ceux-ci, pour les cas où la vessie ne se contracte pas, ou ne se vide pas, ne se contractant qu'incomplètement.

Enfin, l'auteur insiste sur l'utilité des injections d'eau phéniquée an millième, faites à la fin de l'évacuation, et sur l'emploi, pour toutes les injections faites pendant l'opération de l'eau boriquée à trente-cinq pour mille.

De los Caracteros Clinicos que distinguen la Lepra, el Lupus y el Cancer de la Garganta por D. Ramon de la Sota y Lastra doctor en Medicina y Cirugia. Memoria leida en el Congreso Médico de Sevilla celebrado en el mes de Abril, de 1882. (Seville: Imp. de Gironés y Orduña, 1882.)

On the Clinical Characteristics which distinguish Leprosy, Lupus and Cancer of the Throat. By Dr. Ramon de da Sota y Lastra.

The description given by the author although short is very clear and eminently clinical. Leprosy almost always makes its appearance on the skin before it does so in the throat; whilst lupus and cancer may exist in the throat, the skin remaining healthy. Again, leprosy is preceded by a red coloration which, after some time becomes white and unaccompanied by tumefaction; lupus spreads itself over the mucous membrane which preserves all of its normal qualities; and cancer begins with congestion, tumefaction and inconvenience in the parts.

The tubercles of leprosy are white, smooth, of variable size forming a chain or string of beads, sensibility is normal, diminished or completely abolished. The tubercles of lupus are pink or red, hard, resisting and elastic, larger than those of leprosy less numerous and scattered; in general they are painless. Those of cancer are reddish, red or grey, hard or soft, sessile and subject to sharp pains which run in every direction.

There is a marked tumefaction of the mucous membrane in leprosy; an œdema red and hard, in cancer; a normal state of the parts occupied by the tubercles in lupus. The ulcers of leprosy are soft, at times resembling syphilitic mucous patches; at other times, eaten away and without sensibility. The ulcers of lupus have indurated edges which are elevated, the bottom narrow and sinuous and giving rise to but little pain. In cancer the ulcer is large, with irregular fundus, covered or studded with papillary vegetations; as a rule, they are accompanied with much pain.

The cicatrices of leprosy and lupus resemble each other much in aspect and consistence; but may be distinguished from the fact that the former are deprived of whilst the latter retain the normal sensibility of the parts which they occupy. In cancer there is no cicatrization either complete or partial, or even temporary.

The author has given a good differential picture which cannot

fail being of the highest value to those who observe these affection but rarely. The paper though short is full of valuable points and we regret that our limited space forbids giving extracts at greater length.

Los cuadros de lepra, de lupus y de cáncer de la garganta son reproducidos con mucha fidelidad. Las descripciones del autor pueden resumirse como siguente:

La lepra aparece siempre en la piel ántes que en la garganta; el lùpus y el cáncer existen muchos veces en esta region, conservándose la piel sana. La lepra va precidada por una coloracion roja, que despues se vuelve blanca sin tumefaccion; el lùpus se desarolla en una mucosa que conserva todos los caractères normales; el cáncer se inicia por congestion, tumefaccion é incomodidad en la parte.

Los tubèrculos de la lepra son blancos, blandos, de volùmen variable; forman cadena ò rosario; la sensibilidad en ellos es la normal, ò está disminuida ò completamente abolida: los del lùpus son rosados ò rojos, duros, resistentes y elásticos; majoras que los de la lepra; poco numerosos y diseminados; por lo general indolentes: los del cáncer son rosados, rojos ò grises, duros ò blandos, sesiles y molestos por los dolores lancinantes que en ellos se despiertan.

Hay notable tumefaccion de la mucosa en la lepra; edema rojo y duro en el cáncer; estado normal de las partes que rodean á los tuberculos en el lupus. Las ùlceras de la lepra son blandos á veces parecidas á las placas mucosas sifiliticas; otras corroidas é insensibles: las del lùpus tienen los bordes duros y vados, el fonta estrecho y sinuoso, y ocasionan poco dolor: las del cáncer son anchas, de fondo irregular, cubiertes ò rodeadas de vegetaciones papilares: por lo comun despiertan grandes dolores.

Las cicatrices de la lepra y del lùpes se parecen mucho por su aspecto y consistencia; pero se distinguen en que las primeras son insensibles y las segundas conservan la sensibilidad propia del sitio que ocupan. En el cancer no hay cicatrization ni completa, ni parcial, ni siquiera temporal.

Medizinische Jahrbuecher. Herausgegeben von der K. K. Gesellschaft der Aerzte. Redigirt von Prof. E. Albert und Prof. E. Ludwig. Jahrgang 1882, I. Heft, 8vo., pp. 141. (Wien: Wilhelm Braumüller, 1882.)

Transactions of the Royal and Imperial Society of Physicians. Edited by Profs. E. Albert and E. Ludwig. 1882, No. I., 8vo., pp. 141.

This is perhaps one of the most interesting numbers that has been sent out by the Society for a long time. Dr. N. Weiss contributes a paper upon Cortical Epilepsy, in which he gives the records of six cases which are very interesting. Dr. W. T. Councilman, of Baltimore, has a paper on Hyaline Metamorphosis of Miliary Tubercles in which he enters into the microscopic consideration of the subject illustrating it with plates.

The study of Acardiacs is taken up by Dr. Carl Breus and is very thorough. E. von Fleishl contributes a paper on the Theories of Color Perception. The concluding paper of the volume is On Fractures of the Pelvis, being an experimental research on the subject by W. Kusmin, of Moscow. This is an exceedingly instructive paper. The author made his experiments upon cadavers and after producing the fractures, he carefully dissected and noticed the lines of fracture in the pelvis. These are all shown in a couple of large plates. The direction and approximate force of each traumatism being given and the extent and direction of the resulting fracture being shown, it becomes apparent that a more accurate diagnosis can be arrived at in actual cases when a few data are given.

Following the papers we find the journal of the Society, which is a small weekly, giving a record of the proceedings, notices of papers to be read and an abstract of the discussions that have occurred on the different papers presented.

The editors can be congratulated upon the neat appearance of the transactions, and the Society upon the fact that so many good papers are presented to it. We always look forward to these transactions with pleasurable anticipations of a treat and we very rarely get disappointed.

Dieses ist eine der interessantesten nummern die wir seit welche zeit von dieser Gesellschaft erhielten. Ein Beitrag über Corticale Epilepsie von Dr. N. Weiss, mit Verzeichniss von sechs Fällen, ist höchst interessant. Dr. W. T. Councilman, aus Baltimore, trägt einen artickel über Hyaline Metamorphose des Miliartuberkels bei in dem er auf mikroskopische betrachtungen eingeht, dasselbe mit Tafeln illustrirend.

Dr. Carl Breus gibt einen ausführlichen Beitrag zur Lehre von den Acardiacis; E. von Fleischl eine Schrift über die Theorien der Farbenwahrnehmung. Ein Artickel über experimentelle Untersuchungen an Beckenfracturen von W. Kusmin, aus Moskow, volendet den Band. Dasselbe ist ein ausnehmend belehrender Beitrag. Der Verfasser machte seine Untersuchungen an Leichen, und beobachtete sorgfältig die linien der Fracturen in dem Becken, nach Producirung derselben. Dasselbe wird in zwei grossen Tafeln veranschaulicht. Die Richtung und annährende Kraft jedes Traumatismus gegeben, und die Ausdehnung und Richtung der folgenden Fractur gezeigt, es wird augenscheinlich dass man eine genauere Diagnose machen kann, nach dem einige Data gegeben sind. Nächst zu diesen Beiträgen, finden wir die Zeitschrift der Gesellschaft, ein Kleines Wochenblatt welche die Verhandlungen der Gesellschaft, Bermerkungen über vorgetragene Schriften und ein Auszug der dabei vorgekommen Erörterungen enthält. Der Redaction gebührt über das nette Aussehen der Abhandlungen alle Anerkennung, ebenso der Gesellschaft für die vielen werthvollen Beiträge. Wir sehen dem Erscheihen dieser Abandlungen stets mit freudigen Erwarten entgegen und haben uns dieselben noch sehr selten getäuscht.

Books and Pamphlets Received.

Article XVIII.

Materia Medica and Therapeutics, Inorganic Substances. By Charles D. F. Phillips, M. D. Edited and Adapted to the U. S. Pharmacopœia. By Lawrence Johnson, A. M., M. D. Vol. II., 8vo., pp. 340. (New York: William Wood & Co., 1882.)

Diseases of the Ear in Children. By Anton von Troeltsch, M. D. Translated by J. Orne Green, A. M., M. D., from Gerhardt's Handbuch der Kinderkrankheiten, 8vo., pp. 165. (New York: William Wood & Co., 1882.)

The Physician Himself and what he should Add to the Strictly Scientific. By J. W. Cathill, M. D., 8vo., pp. 194. (Baltimore: Cushings and Bailey, 1882.) From the author.

Annual Catalogue of the Missouri University at Columbia, Mo., 1881–1882. Founded 1820, Organized 1840. (Jefferson City: Tribune Printing Co., State Printers, 1882.)

Paper and Proceedings of the National Association for the Protection of the Insane and the Prevention of Insanity, at the Stated Meeting held in New York City, Jan. 20, 1882. (New York: G. P. Putnam's Sons, 1882.)

The Vest-Pocket Anatomist, founded upon "Gray," By C. Henri Leonard, A. M., M. D., Eleventh Revised Edition, Enlarged by Sections on the Anatomical Triangles and Spaces, Herniæ, Gynæcological Anatomy, etc. 24mo., pp. 82. (Detroit: Illustrated Medical Journal Co., 1882.) Price 75 cts.

Changes in Biological Doctrines during the Past Twenty-five Years. By Louis Elsberg, A. M., M. D. (Reprinted from the *College and Clinical Record*.)

Report of the Ear Dispensary, 6 Cambridge Street, Lothian Road, with a Periscope of Otology. By Dr. Kirk Duncanson, Edinburg.

The Announcement of the Woman's Medical College of Baltimore for the Session 1882–83.

Second Annual Catalogue and Announcement of the Albany

College of Pharmacy. Department of Pharmacy of Union University, Session of 1882–83.

Forty-First Annual Announcement of the St. Louis Medical College, Winter Session, 1882–83.

Genius Resistless: A Pindaric Ode, in Tribute to Jenner and Pasteur. By J. J. Caldwell, M. D. Baltimore, Md.: 1882.

A Contribution to the Subject of Nerve-Stretching. By William J. Martin, M. D. (Reprinted from the *Journal of Nervous and Mental Diseases*, Vol. IX., No. 1., Jan., 1882.)

De los Caractéres Clinicos que distinguen la Lepra, el Lupus y el Cáncer de la Garganta, por D. Ramon de la Sota y Lastra. Memoria leida en el Congreso Médico de Sevilla celebrado en el Mes de Abril de 1882. (Sevilla: Imp. de Gironés y Orduña, 1882.)

Small-Pox. By James H. Jackson. (From the *Laws of Life*.)

Does Vaccination Pay? By E. D. Leffingwell, M. D. (From the *Laws of Life*.)

Twenty-Second Annual Announcement of the Bellevue Hospital Medical College, 1882-1883.

Clinical Contributions to Electrical Therapeutics. By Romaine J. Curtiss, M. D., 8vo., pp. 52. (Reprint from *Peoria Medical Monthly*, 1881–82.)

The Experimental Method in Medical Science. Second Course of Cartwright Lectures of the Alumni Association, College of Physicians and Surgeons, New York, Delivered January 24, 31 and February 7, 1882, By John C. Dalton, M. D. 12 mo. pp. 108. (New York: G. P. Putnam's Sons, 1882.)

Practical Medical Anatomy. A Guide to the Physicians in the Study of the Relations of the Viscera to each other in Health and Disease and in the Diagnosis of the Medical and Surgical Conditions of the Anatomical Structures of the Head and Trunk, By Ambrose L. Ranney, A. M., M. D., 8vo. pp. 339. (New York: Wm. Wood & Co., 1882. St. Louis: Hugh R. Hildreth Printing Co.)

Static Electricity as a Therapeutic Agent. By James Knight, M. D. (A paper read before the New York Academy of Medicine, June 15, 1882.)

News Items.

Article XIX.

Capacities of Lungs.—Dr. Nagorsky, having measured the capacities of lungs of 630 boys and 314 girls in the schools of the district of St. Petersburg, now publishes the results of his investigation in a Russian medical paper, the *Surgeon*. He has found that the capacity of lungs, in relation to the weight of the body is 65 cubic centimeters for each kilogramme of weight in boys, and 57 cubic centimeters for girls. The law of Quetelet being that, with children below fifteen years of age, the weight of the body is proportionate to the square of the height, Dr. Nagorsky has found that it is proportional to 2.15 of the same; while the capacity of lungs is proportional to 2.4 of the height for boys, and to the square of the height for girls. Dr. Nagorsky's researches will soon be published as a separate work. As to the relation between the weight of man and the capacity of lungs, it is tolerably permanent, and its variations are mostly due to differences in the amount of fat in the bodies of different men.—[*Gaillard's Medical Journal.*

The British Medical Association will hold a Jubilee Meeting at Worcestor, August 8th, 9th, 10th, and 11th, 1882.

The Section of Otology promises to be very interesting. It is proposed to devote the Meetings of the Section on Wednesday and Thursday, the 9th and 10th of August, to the discussion of the following subjects:— 1. The connection between Diseases of the Ear and General Medicine. 2. Auditory Vertigo, especially in regard to the differential diagnosis.

W. Laidlaw Purves, *President*; J. J. Kirk Duncanson, P. McBride, *Secretaries*.

Please address: 22, Drumsheugh Gardens, or 20 Alva St. Edinburgh.

The State Medical Society of West Virginia had a most interesting meeting at Wheeling, May 25. Many good and valuable

papers were read and we regret that pressure of matter prevents our enumerating them.

Diploma Begging.—The dishonest practices of Dr. Buchanan in relation to the diploma traffic, are yet fresh in the midst of all physicians, and notwithstanding the severity of his punishment at the hands of a merciless prosecution, his case should receive some consideratiou in the minds of honest men, when there are just as dishonest people willing to receive such bogus honors—men who would decry vehemently a breach of ethics in another form, whilst submissive to the intrigues and secret commerce of a cunning Professor. We have to cite a fresh case of *diploma begging* in the ranks of pharmacy, by a St. Louis pharmacist named Theodore Hoffman, who writes to the President of the California College of Pharmacy for a diploma to be granted to him at any price. He represents that he has not the time to attend a course of lectures in his own college, and that a foreign recognition would lend an additional value to his standing, and implores our college to issue him the requisite papers. We have noticed this publicly, trusting that it may receive the attention of the St. Louis pharmacists, and that as Dr. Buchanan suffered the reproach and condemnation of the entire fraternity of physicians, the applicant for fraudulent title should receive similar treatment from the whole brotherhood of pharmacists.—[*Pacific Medical and Surgical Journal.*

Surgical Instruments in the Time of Galen, A. D. 259–238.—We make the following extracts from an interesting article published by Dr. Mook, in *L' Union Médicale*, on a number of surgical instruments belonging to the Third Century, and found in excavations made in the Quartier St. Marcel, Paris, in October 1880. All these articles were contained in a round bronze vessel, in which two buckles and seventy-five coins were found The cutting instruments are represented by two double-edged knives with blades 2.5 inches long and light hexagonal handles of same length, the whole made out of one piece. Another instrument of similar form, but with blunt edges, must have served the purpose of a spatula. Still another, may have been used as a spatula, but it differs greatly from the above; its blade is 0.40 inch wide by 2 inches long, with a thin, round handle 0.04

inch thick, by 2.80 inches long, having at its end an olive-shaped ball 0.40 inch by 0.16 inch thick. The use of this is not very clear, it may have served as a probe, or even as a small cautery. Forceps are well represented. They are cut from a single piece of bronze, are beautifully finished, and have lost nothing of their elasticity. Two are pointed, and it would seem were intended for the extraction of foreign substances, or fragments of bone. Two others, respectively 5.6 and 4.8 inches long, have flat jaws, curved inwardly toward each other, and 0.20 inch wide. A number of serrated forceps affect different forms. Some resemble the two preceding ones, while others have one of their jaws curved at a sharp angle from the axis of the forceps; the serrations correspond exactly, and are models of fine workmanship. An instrument having the form of a small spatula 1.20 inches wide, is adapted to a tubular handle 7.20 inches long, and was evidently used as an insufflator, for the purpose of introducing remedial agents into natural cavities.

The use and preparation of ointments must have held an important place in the medical practice of those days. Five gilt bronze tubes, each six inches long, were used for holding ointments, one still contains some, which has been preserved by the oxide of copper covering its surface.

We must mention a long-handled, half spherical capsule 1.6 inches in diameter, having a beak for pouring out liquids, and used, no doubt, for warming ointments.

We must also notice an instrument so different from any now in use that it is hard to guess its purpose. It is eight inches long, formed of two branches, articulated like scissors and ending in a curved surface forming the fourth part of the circumference of an ovoid. When closed, this forms a space of 1.60 of an inch; the handles are ornate, and the articulation nearer to the serrated end. This instrument, when closed, can be safely introduced in cavities, and wounds, and when open, it can grasp bodies, or resect tissues as an *écraseur;* at the same time it may be used as a hæmostat, and for removing detached fragments lodged in its concave surface.

There is also a flat stone, probably used for spreading ointment, and on which to sharpen the different instruments. All these instruments are made of bronze, containing some silver, a fact which has, no doubt, contributed to their excellent preservation.—[*Med. and Surg. Rep.*

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—MAY, 1882.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum
1	46.0	67.0	18	52.0	75.5
2	44.5	63.5	19	56.0	77.0
3	53.0	71.5	20	55.0	76.5
4	59.0	80.5	21	48.0	76.0
5	66.0	**87.5**	22	50.0	64.0
6	56.0	60.5	23	50.0	62.5
7	51.0	75.0	24	54.0	66.0
8	63.0	83.5	25	50.0	63.0
9	61.0	69.0	26	53.0	83.0
10	61.5	72.5	27	62.0	74.0
11	58.5	65.5	28	54.0	64.0
12	45.0	47.0	29	51.5	69.0
13	**42.5**	48.0	30	55.0	77.0
14	46.0	68.5	31	64.0	70.0
15	47.0	65.6			
16	45.0	64.0	Means	53.1	69.6
17	48.0	70.5	Monthly Mean.	61.3	

Quantity of rain, 3.81 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM MAY 6, 1882, TO MAY 27, 1882, INCLUSIVE.

Small Pox	1	Childbirth	2	Convulsions & Trismus Neonatorum	26	Syphilis	1
Scarlatina	26	Inanition, Want of Breast Milk, etc.	5	Hydrocephalus and Tub. Meningitis	13	Apoplexy	5
Pyæmia & Septicæ	3	Alcoholism	4	Meningitis & Encephalitis	18	Dis. fem. gen. org.	1
Erysipelas	3	Rheumat'm & Gout	0	Other Diseases of the Brain and Nervous System	20	Surgical Operation	0
Diphtheria	21	Cancer and Malignant Tumor	14	Cirrhosis of Liver and Hepatitis	11	Deaths by Suicide	5
Membran's Croup.	2	Phthisis & Tuberculosis, Pulmon	61	Enteritis, Gastro-Enteritis, Peritonit, and Gastritis'	22	Deaths by Accid't	19
Whooping Cough.	4	Bronchitis	14	Other Diseases of Urinary Organs.	3	Deaths by Homicid	3
Ovarian tumor	0	Senility	15	Diabetes	0	Congen Delor'ty	20
Measles	6	Pneumonia	37	Bright's Disease and Nephritis	19	Total Deaths from all Causes	512
Typhoid Fever	14	Heart Diseases	28	Other Diseases of Respir'y Organs	17	Total Zymotic Diseases	127
Cerebro Spinal Fev	3	Other Diseases of Respir'y Organs	17	Skin Disease	0	Total Constitutional Diseases	100
Remittent, Intermittent, Typho-Malarial, Congestive & Simple Contin'd Fevers,	14	Skin Disease	0	Marasmus — Tabes Mesenterica and Scrofula	7	Total Local Diseases	215
Puerperal Fevers	5	Marasmus — Tabes Mesenterica and Scrofula	7	Other Const. Dis.	5	Total Develop'tal Diseases	37
Diarrhœal Disea's	19	Other Const. Dis.	5			Deaths by Viol'ce	7
Other Zymotic Diseases	2					Unknown	0

CHAS. W. FRANCIS, *Health Commissioner.*

FELLOWS' HYPO-PHOS-PHITES

Contains **THE ESSENTIAL ELEMENTS** to the Animal Organization—Potash and Lime;

The **OXYDIZING AGENTS**—Iron and Manganese;

The **TONICS**—Quinine and Strychnine;

And the **VITALIZING CONSTITUENT**—Phosphorus,
Combined in the form of a Syrup, with *slight alkaline reaction.*

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the varions organic functions are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

IST ACTION IS PROMPT, stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIBED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **mental and nervous affections.**

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Each Bottle of Fellow's Hypophosphites contains 128 doses.

Prepared by JAMES I. FELLOWS, Chemist,

48 VESEY STREET, NEW YORK.

Circulars and Samples sent to Physicians on appliction.

☞SPECIAL TO PHYSICIANS.—ONE large bottle containing 15 oz. (which usually sells for $1.50) will be sent upon receipt of **Fifty Cents** with the application, this will be applied to the prepayment of Expressage, and will afford an opportunity for a thorough test in Chronic cases of Debility and Nervousness. Express charges prepaid upon all samples.

FOR SALE BY ALL DRUGGISTS.

FINE PHARMACEUTICAL PRODUCTS

FROM THE LABORATORY OF

PARKE, DAVIS & CO.

DETROIT, MICH., U. S. A.

New York: 60 Maiden Lane, and 21 Liberty St.

Standard pharmacetical preparations of the United States and foreign Phaemacopœias, and non-officicial preparations of large variety. Of the latter class we make a specialty of Fluid Extracts prepared from new and rare drugs from various parts of the world.

FLUID AND SOLID EXTRACTS. RESINOIDS AND CONCENTRATIONS.

SUGAR AND GELATINE COATED PILLS. EMPTY GELATINE CAPSULES.

ELIXIRS, WINES, SYRUPS. SOFT FILLED CAPSULES.

NEW DRUGS.

FLUID EXTRACTS.

Aceitillo Bark.
Adrue.
Ailantus Glandulosa.
Alligator Pear Seads.
Alstonia Constricta, True.
Anagallis Arvensis.
Areca Nuts.
Bamboo Briar Root.
Baycuru Root.
Bearsfoot.
Berberis Aquifolium.
Black Haw.
Blood Flower.
Boldo Leaves.
California Fever Bush.
California Laurel.
Carnauba Root.
Caroba Leaves.
Cascara Amarga.
Cascara Sagrada.
Cedron Seed.
Cereus Bonplandii.
Cereus Grandiflorus.
Cereus McDonaldii.
Cheken.
Chewstick.
Coca Leaves.
Cockle Bur.
Cocolmecan.
Corn Silk.
Coto Bark.
Damiana.
Dita Bark.
Dubosia Leaves.
Elephant's Foot.
Ephedra Antisyphilitica.
Eucalyptus Globulous.
Evening Primrose.
Ginger, Mexican.
Grindelia Robusta.
Griedelia Squarrosa.
Guaco Leaves.
Guarana.
Helianthella.
Honduras Bark.
Horsemint.
Iron Wood.
Jaborandi.
Jamaica Dogwood.
Jamaica Pimento Leaves
Judas Tree.
Juriballi.
Kamala.
Kava Kava.
Kooso Flowers.
Lilly of the Valley Flws.
Lilly of the valley Root.
Manaca.
Mango Bark.
Mango Fruit.
Manzanita Leaves.
Mercury Weed.
Mistletoe.
Musk Root.
Paraguay Tea.
Pulsatilla.
Quebracho Bark.
Quinine Flowers
Rhus Aromatica.
Sabbatia Campestris.
Sandal Wood.
Sarracenia Flava.
Sassy Bark.
Saw Palmetto.
Shepherd's Purse.
Sierra Salvia.
Stylosanthes.
Sundew.
Thapsia Garganica.
Tomato.
Tonga.
Urechites Suberecta.
Ustilago Maidis.
Vaccinum Crassifolium.
Vervian, White.
Wild Bergamot.
Yerba Buena.
Yerba Del Manza.
Yerba Del Polo.
Yerba Reuma.
Yerba Santa.
Zoapatle.

SUGAR COATED PILLS.

Our list of Sugar Coated Pills of the United and British Pharmacopœias, comprises most of the officinal and popular formulæ known to the profession, to which we have added several new and valuable combinations. Our pills are made entirely by hand, from the purest materials, and are sugar and gelatine coated by the latest and most approved processes. For solubility, regularity of shape, and beauty of finish, they are excelled by none.

IMPORTANT.—Our pills being coated while the mass is yet soft, will remain so for years. To be convinced of their extraordinary solubility, it is only necessary to open a few of them, for instance, quinine, chinchodia, or blue pills, all of which are usually found in the market, hard and insoluble. note also the rapidity with which the coating is dissolved in the saliva.

GELATINE PHARMACEUTICALS.

One of the greatest improvements of modern pharmacy is the use of Gelatine in various forms to render medicines more sightly, and to disguige their nauseous taste. This has given origin to the Gelitine Coated Pill—a full line of which, of similar formulæ to our sugar coated pills, will be found on our list—and also to the Hard, and the Soft Gelatine Capsules. We are dispensing Hard Capsules, empty and filled. The Soft, Elastic Capsules, however, are from the nature of their formation, always filled before leaving our laboratory. These Capsules are so soft and elastic that their walls may be brought into juxtaposition, and yet they will regain their original shape and size when the pressure is removed. This property renders them very easy of deglutioion, and they will slip down like an oyster or the yelk of an egg, though the largest of them is about half the capacity of a fluidounce.

SPECIALTIES.

Warburg's Tincture.
Solution of Sicerolc Acid.
Nitrite of Amyl Pearls.
Sanguis Bovinus Exsiccatus.
Liquor Acidi Phosphorici.
Liquor Acidi Phosphorici Comp.
Soluble Elastic Capsules.
Goa Powder.
Crude Petroleum Mass.
Chian Turpentine.
Concentrated Ext. Witch Hazel.
Morure or Mercurio Vegetal.
Sugar Test Flasks.
Empty Gelatine Capsules.
Liquor Egotæ Purificatus.
Chlor-Anodyne.
Tonga.
Hoang-Nan.
Menhol.
Chaulmoogra Oil.
Gurjun Balsam.